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In this issue

Some Questions for Peter Singer's Admirers

Raimond Gaita

Bishop George Pell's claim that Peter Singer was an advocate of the "culture of death" provoked urbane condescension more than it did anger. Singer himself in a letter to *The Melbourne Age* declared it quaint that Bishop Pell should call him a pagan. Quaint indeed that a Bishop of the Roman Catholic Church should express himself religiously! Singer could count on his condescension to raise more than a few smirks at Bishop Pell's expense, even while he was calling on the Bishop to attend to the message rather than the messenger.

Singer believes that euthanasia should legally be permitted to those who request it for themselves and sometimes for their terribly afflicted children. He believes that human beings behave arrogantly and often cruelly towards animals. For the strong advocacy of these beliefs he is widely admired. However, he also believes that it is morally permissible for parents to kill children less than four weeks old if they do not want them. And although he is generally opposed to experiments on animals, he acknowledges that they are sometimes justified. He believes that when they are justified, there can be no objection in principle to their being carried out on children with the

same or fewer "morally relevant" features than are possessed by the animals. We may soon hear the suggestion that if you intend to kill your three week old baby, it would be better to put it to use in the laboratory. The condescension aimed at Bishop Pell extends to anyone who suggests that the evil of these conclusions is more significant than the mistakes Singer makes on the way to them.

Singer does not argue that babies *should* be killed if they are inconvenient to their parents, but only that it is morally permissible for parents to do it and that there are strong arguments for making it legally permissible. However, two things should be noted.

The first is that Singer is a utilitarian before he is a liberal. Utilitarians are notorious for the terrible things they would require of us if, in their judgment, the circumstances demand it. It is impossible to tell how Singer or other utilitarians might in the future see the balance between liberty and other considerations of utility.

The second is that it is a serious mistake to think that, although it should legally be permissible to kill children up to the age of four weeks, we can count on parental love to ensure that few people would do it. It is likely that in a society in which Singer's views had wide support, many people would wish to kill their children and find little reason not to. The love parents have for their children is in important part determined by their understanding of what it means to have a child. If you believe that children are the kind of beings that can rightfully be killed if their continued existence is inconvenient to you, then that will determine the feelings you can have for them. It is unlikely that your feelings could long survive the child becoming a burden, and it is hard to see how they could provide a weighty reason for not killing it if it did become a burden.

Whatever we call such feelings, we should not call them love. Our love for others, including for our infant children, is inseparable from our sense that we cannot destroy them when it is convenient for us to do so. You do not have to be a puritan to believe that the person who insists that she loved the child, which she killed because it became a nuisance, wants it every which way. Nothing that we now call the love of children could survive the idea that children should be no serious moral obstacle to the fulfilment of even our frivolous desires.

The last point should be obvious, but the times are against its being seen that way. Singer writes of how a baby may be precious to its mother even while he says that its 'status' is likely to be less than that of a calf, a pig or "the much derided chicken". Even those who believe that he shows up St Francis may wonder what he thinks it means for someone to be precious. Geraldine Doogue said on ABC radio that the foetus is sacred, but so is choice. I suppose she believes that the reason we may not choose to kill adults if we feel inclined to is that they are something even better than sacred - or, if you cannot get better than sacred, then perhaps that they are super-sacred. She also celebrated the fact that women can now have abortions and be free of guilt. But what can guilt be for someone who seriously believes she has violated what is sacred if it is not the pained realisation of what that violation means?

It can only lead us into incoherence if we sever the (conceptual) connections between love and commitment, between guilt and moral seriousness, between seriousness more generally and limits on the will and desire, between our offering something as a serious reason to kill a human being and our being answerable to a community for that reason. Such incoherence is our lot when we see and then wilfully obscure the truth that the modern emphasis on choice and self-fulfilment inevitably leads not only to the selfish abandonment of our obligations, but also to superficiality, to an impoverished and banal inner life. Then we will no longer even be able to see the absurdity in the following position (apparently) held by Naomi Wolf: Let us retake the moral high ground from the conservatives. Let us talk again of sin, transgression and redemption, of good and evil and of all that is deep and good. Let us reclaim all deep feeling and all moral and spiritual sensitivity, but let us name the price.

The idea (now policy for the Greens) that it is an indignity to women to be asked to give reasons for having an abortion is not consistent with the belief that to have an abortion is a morally serious matter on which, admittedly, people can differ. For killing to be a serious matter *is* for it to be something for which we must have a serious reason. And because the reason is intended to justify the killing of a human being, we are answerable to a community for its seriousness. That is why the community enshrines in law the requirement that we must answer to our fellow citizens for the seriousness of our reasons, even if we think the foetus is not fully a member of that community. To anyone who asks how someone who is not religious can regard the foetus as *in any sense* a member of our community, I would say this. When a woman is joyfully pregnant and her family is joyful with her, then it is evident from the way they speak of what she carries and from the way they behave towards it, that they treat it as already part of the family. Only love is needed for this - love and the language of love that yields love's object and enables us truthfully to celebrate it, and to distinguish love from its false semblances. It requires no speculation, scientific or metaphysical, about the 'status' of the foetus.

For the most part, Singer does not fall into this incoherence, but the tendency to it amongst others forms some of the background to the acceptance of his beliefs - together of course, with the widespread sympathy for the legalisation of voluntary euthanasia and the changed attitude to nature and the place in it of human beings. However, one can support more liberal laws on euthanasia and deplore cruelty to animals and to the human arrogance that it often expresses without believing what Singer does. His extreme conclusions are not readily detachable from his philosophy. And his reasons are not merely reasons for what we should *do*; they express a view of how we should describe what is morally at issue for us, and therefore, what alternatives logic leaves open for us. For that reason, it is a deep mistake to believe, as the editor of *The Spectator* is said to believe, that Singer shows with admirable clarity what is at issue. He could do so only for someone who shares much of his utilitarian view of moral issues generally.

Why then do so many people praise so enthusiastically Singer's 'visionary' ethics? Do they - do Terry Lane, Paddy McGuiness, Robert Richter, Phillip Adams, for example, - really believe that it does not matter that he argues that you can kill your four week old baby if you do not want it and be a good parent? Do they take this to be a tolerable defect in a package of proposals that is notable for its "compassion and commonsense"? Do they believe that only a dark-eyed fanatic beyond the reach of moral sense and reason could believe that to be wicked and fear for a culture in which it provoked no comment because most people believed it to be commonsense? I find it hard to believe that they do. But if they do not believe such things, then why do they not say so when they praise Singer? It would be no small qualification to their admiration.

Many who oppose more liberal laws on euthanasia are not morally opposed to all cases of euthanasia. They fear what might follow liberalisation. Some who know Singer's work, and have noted the euphoric responses to it, believe they have good reason to be fearful. He will campaign for non-voluntary euthanasia and for our right to kill children for reasons which could by no stretch of the imagination be the expression of compassion. He believes in these things and will fight for them.

If he succeeds he will concede nothing to those who predicted and feared it. He will say that we have come to that point by travelling a path which was lit at all critical stages by the light of reason. That is why he will deny that we slide down a slippery slope. However, for reasons I sketched earlier, trends in most Western societies suggest that widespread acceptance of Singer's views would be an expression of our inclination to weaken, when we do not abandon, our sense of obligation to others when it conflicts with our self interest. And if it is true that we do not properly understand the nature of and the factors that determine our deepest moral responses, then the road we travel may be to barbarism rather than to enlightenment, and we may be too corrupt to notice it.

Many people are hostile to any suggestion that we may be too corrupt to notice how far we have

slid down a slippery slope. It seems to them dangerous because it appears to shut off debate. They say that we should test Singer's argument to see whether it is logically sound rather than declaring its conclusion to be wicked. Anything less gives comfort to those who refuse seriously to examine their prejudices.

It is true that appeal to the concept of a corrupted sensibility can entrench dogma and prejudice. However nothing will relieve us of the need of judgment about what we should not even consider, under pain of being gullible, or a crank, or wicked. Nothing can guarantee that our judgments are sound, but that should not panic us into believing that everything is up for consideration. If it did, we would be like the person in the joke whose mind was so open that his brain fell through.

Suppose that someone suggested that we should use our dead as rationally as possible; that we should eat them or at least put them in cans for pet food so that we kill fewer animals. That, like the suggestion that we might sometimes experiment on children before we kill them, is a proposal that Singer has little reason to resist. But even if he has reason to resist, it would take some time to argue convincingly that he has. Only a barbaric society would wait on such argument rather than ruling such Swiftian proposals to be beyond consideration.

In 1989 some of Singer's lectures in Germany were disrupted by, amongst other people, lifelong cripples in wheelchairs who would not let him speak. He has skilfully capitalised on this to alarm people about the slippery slope that he believes begins at the judgment that his proposals are wicked. It is beyond dispute that some of what was done to him is indefensible. But some of the people in wheelchairs may have had a point. No doubt they realised that if their mothers had believed what Singer does, they would almost certainly be dead. Perhaps they hoped that their dramatic presence would bring sobriety to a discussion of the reasons parents have for killing children with afflictions like theirs. They may have believed that sobriety was much needed in academic discussions in which hair-raising possibilities are routinely entertained with thoughtless lack of imagination as to what they really mean. Such occasional dramatisation of what people take to be most seriously at issue does not threaten freedom of inquiry in the academy any more than occasionally throwing tomatoes at politicians threatens our political liberties. And it restricts thought and inquiry only in the way that seriousness ties the imagination to a regard for truth.

In the event, their hopes proved futile. They became the victims of the condescension they tried to challenge. Yet they were not naive to try. Who would have predicted that with all the talk of compassion and a just and liberal attentiveness to the views of others, their pain and anger would have been ignored so completely? It should make one think. Meanwhile, we live in times when even those who believe that Singer's conclusions are 'morally wrong' are often more vexed by the arbitrariness of his four week cut-off point than they are appalled by the evil he proposes. That is today's price for urbanity.

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Involvement without Complicity: possibilities for "material" cooperation

Gerald Gleeson

A recent debate in the *Hastings Center Report* highlights the importance of reflecting on what it is to act in complicity with the wrongdoing of another. The debate was triggered by Jeffrey Blustein and Alan R. Fleischman's claim that a doctor who believes that abortion is wrong cannot *with moral integrity* practice as a maternal-foetal physician.[1] They argue that the moral integrity of a "pro-life doctor" would be compromised were she to conduct antenatal testing, and/or to provide information to a mother about the health of her foetus "knowing that there is a good chance the pregnant woman will abort her foetus if she learns it is defective" (p.23). They propose the following "principle of integrity-preservation":

> *If the physician believes abortion in response to some foetal condition is wrong, and if a woman is considering abortion and will have one if an antenatal diagnostic procedure reveals the presence of the condition, then to preserve integrity, the physician should not perform the procedure to test for the condition (p. 23).*

Blustein and Fleischman further argue that a doctor's pro-life convictions will jeopardise the quality of care she can provide to a mother because any information and counselling the doctor may offer — quite apart from mention of abortion — will be biased by the doctor's moral convictions. (Curiously, they seem untroubled by the presence of the opposite bias.)

A subsequent correspondent, Daniel J. Wechter explains how he practises as a specialist in maternal-foetal medicine without, he argues, compromising his pro-life convictions. Wechter informs patients that he neither performs nor refers for abortion. However, he is willing to conduct antenatal testing because he "believes that significantly more lives are saved by genetic amniocentesis than are aborted" — since the results are usually normal. In addition, he says, even when a defect is found the test results can have the consequence of enabling parents "to become better prepared for the child's special needs".[2] Blustein and Fleischman call this justification "consequentialist" and find it inadequate on the grounds that, irrespective of these consequences, a pro-life doctor "cannot discount the foetuses who will be aborted because of the information women receive from the diagnostic tests". They press the question: "is the pro-life physician somehow complicit in abortion if, on the basis of tests he or she performs, the woman elects to have an abortion?"[3]

Three ethical stances

"Complicity" has an overtone of wrongdoing. Is it true that all the ways in which one's actions may be linked to another's wrongdoing make one an accomplice in wrongdoing? Three possible "ethical stances" for determining whether "cooperation" amounts to wrongful "complicity" suggest themselves.

First, there is the *consequentialist* stance: whether I should cooperate with another's wrongdoing simply depends on whether cooperation would produce more good overall than would non-cooperation. Among the objections to this stance are that it bypasses the prior question whether one's cooperative action is itself wrong, independently of the wrongdoing of the other. A pro-life doctor will believe not only that abortion is wrong, but also

that it is wrong *to advise* someone to have an abortion. The evaluation of one's own actions cannot be subsumed into an evaluation of the overall consequences of cooperation (though, as will be seen, consequences are important).

Secondly, there is the *moral neutrality* stance: whether I should cooperate depends only on what *I* do. The other is entirely responsible for the wrong he or she does. This stance derives from an inflated respect for personal autonomy and conscience. An extreme instance of this approach would be a doctor who says, "*I* believe abortion is wrong, but I am willing to perform abortions for those women who believe it is justified. The moral responsibility is all theirs, I simply assist them to do what they believe is right". Among the objections to this stance is that remarked by Blustein and Fleischman: "by dissociating from personal values in this way... one only succeeds in creating deep divisions within the self".[4]

The third, and I believe correct, stance is that developed in the Catholic moral tradition under the heading of "cooperation" in the wrongdoing of others. This approach acknowledges that good consequences may at times warrant some forms of cooperation, while providing *the critical additional criteria* by which one may assess one's own integrity and take responsibility for any "material assistance" which one's cooperation gives to another.

Material v. Formal Cooperation

The Catholic tradition distinguishes between "formal" and "material" cooperation, and allows that "material" cooperation may be justified under certain conditions.[5] The terms "form" and "matter" derive from ancient Greek philosophy and mark a critical distinction between two kinds of explanation we can give of *what* something is. The "material" the reader is currently holding consists of *paper and ink*. More precisely, the reader is holding a *publication*, an edition of *Bioethics Outlook*. Printing, cutting, and layout constitute the "form" which makes this paper and ink what it is most specifically. "Form" concerns the shaping, meaning or intelligibility of a thing; "matter" concerns whatever is given prior to this shaping, meaning or intelligibility. Clearly the distinction operates at many levels: the paper which is the "matter" of this publication, is itself the "form" of those atoms and molecules which make it up.

Like material things, human actions have their "matter" and "form". A waving arm might become a greeting, a signal, a warning, an act of friendship or an act of treachery. These "forms" give an action its intelligible meaning, its definitive and precise characterisation, what one must understand if one is truly to grasp what is being done. Moral evaluation always concerns an action taken in its formal meaning. Thus "formally" to cooperate with another's wrongdoing is to do something which is to be understood as part of the very meaning or structure of the wrongdoing as such. To drive the get-away car is formally to cooperate in the bank robbery. To cooperate "materially" with another's wrongdoing is to do something which causally contributes to the occurrence of the wrongdoing even though it does not in itself belong to the formal structure of the wrongful proposal. To hide the robbers after the robbery is (typically) material cooperation; one could be charged with aiding and abetting, but not with robbery itself.

In determining whether an action provides material or formal cooperation to another, we must consider how the action is related to the other's formally chosen wrongful course of action. Is it part of the very proposal itself, a means to its realisation, or is it tangential to the wrongdoing, though linked with it? The answer may not always be clear cut. Sometimes an act of material cooperation is so "immediate", so closely linked to the wrongdoing, that — irrespective of the cooperator's avowed intentions — it truly amounts to formal cooperation. *Immediate material* cooperation (e.g. being the assistant surgeon) may amount to *implicit formal* cooperation (e.g. in an abortion).[6]

The practice of maternal-foetal medicine brings a doctor into close proximity with many complex and difficult moral decisions. To be sure: "No one should enter perinatal medicine unaware of the ethical dilemmas that will have

to be faced every day".[7] But does it follow that professional practice in this field with moral integrity is impossible for one who believes abortion is wrong? As detailed in the US Catholic Bishops' *Directives* (1994), the key factors bearing on whether material cooperation may be justified are: (1) the rightness or wrongness of one's own action and one's intentions; (2) the proximity of one's action to the wrongdoing of the other; (3) the proportion between the harms to be avoided by providing cooperation, as opposed to not providing it; and (4) the possibility of scandal, i.e. the likelihood that others will be led to act wrongly. The tradition also notes the way "duress" may limit the range of options open to a person faced with issues of cooperation.[8]

Toleration and Cooperation

It is also crucial to note the difference between "toleration" and "cooperation". At times it is right not to prevent the wrongdoing of another, *when one could prevent it*, for the greater good. (The "toleration" of prostitution is the often cited example among Catholic theologians.) By contrast to the "passive" stance of one who tolerates wrongdoing, one who cooperates "actively" *intervenes in a situation of wrongdoing* for the greater good. This "active intervention" will often not have been sought: people may just find themselves in a cooperative situation, at which point they must judge whether it would be right to continue doing what they realise is assisting another.

But at other times this active intervention may be wholly at the initiative of the cooperator (e.g. in the classic case of the mother who, unable to restrain her violent husband about to hit their child with a bat, grabs a belt and says, "Here, use this"). Both situations arise for perinatal physicians: a senior doctor might find that, with the advent of new tests, the practice of perinatal medicine *now* confronts him with issues of cooperation where it did not formerly, whereas a person about to enter the speciality of maternal-foetal medicine knows in advance that she will be confronted with such issues, and so is faced with a pre-emptive judgment whether to enter this field or another.

General Principles

The many ethical issues raised by prenatal testing lie outside the scope of this article. Only the most general points can be made here with respect to the challenge put by Blustein and Fleischman. *First:* the provision of testing, diagnosis and information, including factual information about the legal possibility of termination of pregnancy do not in themselves constitute wrongdoing. All these activities could, of course, be part of a wrong course of action, and any conscientious pro-life doctor will want to put as much distance as possible between his or her actions and the wrongs of abortion. Nonetheless, these actions do not of themselves, taken in isolation, imply that a doctor must be intending and approving of any subsequent abortion, nor do they belong to a person's chosen proposal to seek abortion, i.e. these activities *may* constitute "material" rather than "formal" cooperation.

Secondly: Material cooperation does not always compromise a person's moral integrity, though it may do so. A doctor who provides a test on the basis on which a woman chooses an abortion certainly provides "material cooperation": his activity is a link in the chain of activities and "material happenings" which culminate in the woman's decision. Whether such material cooperation is warranted depends on a number of additional factors, chiefly the doctor's reasons for providing these results, reasons which will in turn be shaped by his more general reasons for practicing medicine, and by his relationship with this particular patient. Above all, the doctor's overarching intention should be to provide professional care for his patient, which includes provision of the information the patient needs (and has a right to) during the course of her pregnancy. A doctor will also recognise the point at which he can no longer be a party to a patient's chosen course of action.

Since modern ultrasound testing now makes available to parents early in a pregnancy information on the basis of which some parents may choose abortion, issues of cooperation no longer arise solely with respect to sophisticated

tests, such as amniocentesis, with their attendant risks. Today's maternal-foetal physician will thus be faced increasingly with the possibility of being a potential cooperator in wrongdoing. In determining whether cooperation would be formal or material, one indispensible criterion is whether or not a certain test would be a part of good patient care, quite apart from any decision about abortion. The information resulting from some tests may be put to good uses — e.g. the possibilities of early post-natal treatment.

Furthermore, a doctor may be faced with a variety of cases: where parents have resolved to terminate if the results indicate a genetic defect; where parents do not yet know how they will act if a test shows a defect; where, if no test is conducted, parents are resolved on termination, not wanting to run the risk of a deformed baby (here the likely results of the test may help prevent the termination, as Wechter argues); etc.

It is difficult to generalise about the kind of cooperation that might be permissible in the area of prenatal testing. However, the Catholic moral tradition provides us with resources for rejecting the claim of Blustein and Fleischman that, in the context of modern medicine, only a "pro-choice doctor" can with moral integrity offer sound care to a pregnant woman. The tradition recognises that the practice of perinatal medicine is fraught with moral complexities, and it offers doctors a framework for ethical decision making which is an alternative to both consequentialism and moral neutrality. The traditional principles about when "material cooperation" may be justified provide criteria by which a doctor may reflect on the inherent meaning and purpose of her actions, their beneficial and harmful effects, their proximity and "formal" relationship to the wrongdoing of another, and their impact on all others concerned. There is scope here for the prudential judgments of practical wisdom, and even for the diversity of judgments that good and wise people at times reach.

Notes

[1] "The Pro-Life Maternal-Foetal Medicine Physician - A problem of integrity", *Hastings Center Report* 25/1 (January-February 1995): 22-26.

[2] Letter, *Hastings Center Report* 25/5 (September-October 1995): 2.

[3] Letter, *Hastings Center Report* 25/5 (September-October 1995): 3.

[4] Article cited in note 1, p. 22.

[5] The tradition is summarised in the recent US Catholic Bishops Directives, reprinted in *Bioethics Outlook* 6/1 (March 1995), along with my commentary. This current article needs to be read in conjunction with the Bishops' Directives.

[6] See my article cited in note 5.

[7] John M. Thorp, Jr., Steven R. Wells, Watson A. Bowes, Jr., and Robert C. Cefalo, "Integrity, Abortion, and the Pro-Life Perinatologist", *Hastings Center Report* 25/1 (January-February 1995): 28.

[8] For elaboration of these criteria, see the US Bishops' Directives, and my commentary, *Bioethics Outlook* 6/1 (March 1995): 6-8.

Notes on the Centre

Ms Sam Reeve took up a part-time position as Administrative Assistant at the Centre at the beginning of September. Sam holds a Bachelor of Arts degree with a major in Philosophy of Science and Technology. We welcome Sam to the Centre.

Mr John Quilter returned from study leave at the beginning of the second semester, 1995. He expects to return to Pittsburgh in January to defend his thesis on Moral Luck.

Dr Bernadette Tobin will be taking study leave between March and September 1996. She will be undertaking a programme of research and writing free of the administrative responsibilities of the Centre. In her absence, Dr Gerald Gleeson will be Acting Director of the Centre.

Dr Martin Kelly will complete his Honours degree in Philosophy at Macquarie University this year, and thus hopes to be able to spend more time at the Centre in 1996.

Codes of Ethics

Keith Joseph

Those who work in the professions enjoy a close relationship with their clients: indeed, this is one of the hallmarks of being a professional. The professional relationship is one of trust by the client in the professional. Therefore, it is a relationship which requires high ethical standards on the part of the professional. To help guide professionals as to the ethical standards required, many professional bodies are developing and adopting codes of ethics. Usually, the purpose is two fold:

- To give moral guidance to the professional by enunciating the basic moral principles and values of the profession and by illustrating them with more concrete normative guidelines, and
- To promote better ethical behaviour in members of the profession by setting out the type of behaviour that is, and is not, morally acceptable.

What Codes of Ethics are not

Codes of Ethics are becoming an increasingly important part of professional life. Part of the reason for this is that in the past we have felt let down by many professions: we now expect of them a higher standard of conduct than has been the case in the past. An article in the *Sydney Morning Herald* on 24 September 1994, "ICAC reform linked to elusive blueprint", was concerned with a proposal that would allow the Independent Commission Against Corruption to investigate Ministers and Members of Parliament who breach their respective codes of conduct. Such a proposal would take a Code of Ethics, and give it some form of legal backing. However, since this example does illustrate a tendency to confuse ethical codes with legal codes and other forms of statements, I want to clarify here what is distinctive about codes of ethics. Codes of ethics are not:

1 Legal codes

Ideally, we want our laws to reflect morality. Many of our criminal laws, indeed, reflect deeply held moral values, such as prohibitions on murder, assault and fraud. In contrast, we also believe that, ideally, individuals should act ethically simply because it is good to do so. In this view, virtuous behaviour arises not because of fear of punishment or societal sanction, but because it is what the good person does. Codes of ethics are guides and aids, which assist one in conscience to do the right thing. It is arguable that a well constructed legal code will provide a firm guide to what is proscribed or encouraged behaviour. Whilst some latitude may be allowed to judicial officers or administrators in relation to the sanctions that may be imposed, a legal code should clearly describe the actions it intends to regulate. In contrast, codes of ethics need to allow a great deal of latitude to individuals to enable them to decide whether an action is right or wrong. The code functions as guidelines to help well-intentioned individuals determine appropriate actions. In contrast, legal codes function as rules by which individuals will know whether or not their actions will leave them liable to sanction. Thus codes of ethics do not function — cannot function — in the same way as a law functions. Nevertheless, we usually want them to state certain basic moral principles which we take to be inviolable, and which we want the law to enforce. These two contrasting views underlie much of the motivation behind the increasing reliance on Codes of Ethics. However, if we bear in mind this underlying tension, it will explain a lot about the strengths and weaknesses of codes of ethics.

2 Contracts

A contract is an agreement entered into by two or more parties. Some would see entry into a profession as involving a sort of contract, including an agreement to uphold a code of ethics. The problem with this approach is that it tends to force compliance with a code of ethics as part of an overall package. However, ethics should be a matter of free and willing adherence to doing what is right. A contract approach involves the idea that a professional is only

tolerating a code of ethics as part of the cost of being a professional and, like any good contractor, will try to find loopholes in the contract to minimise the cost to himself.

3 Mission Statements

Mission statements tend to be motherhood statements in that they state the obvious. Nevertheless, they are not without value. Sometimes the obvious needs to be stated: sometimes we do forget the basic mission of our institution.

4 Statements of Ethos

A statement of ethos attempts to give an idea of what the culture and values pervading an organisation should be like. It is related to, but differs from, a mission statement. A mission statement sets out what an organisation aims to do; a statement of ethos tries to set out what the organisation's culture should be like. Thus, for example, a hospital might set out that its mission is to serve the sick; its ethos would be one of compassion and care. Like mission statements, statements of ethos tend to be motherhood statements which state the obvious. However, stating what the culture of an organisation should be like will be of little practical value in dealing with ethical problems. For example, it is true that health care workers should be motivated by care and compassion; but commitment to these values will hardly settle difficult moral issues. Furthermore, motherhood statements, or basic and uncontroversial principles, can sometimes come into conflict. For example, journalists should be truthful, and should also respect the privacy of individuals. A good code of ethics will help to resolve the inevitable conflict that will arise between these two basic principles, in a way that mission statements and statements of ethos will not.

5 Codes of practice

At the other extreme from mission statements are codes of practice that attempt to set down the professional standards required from professionals in order for them to remain as a part of the profession. Many corporations also have codes of practice to regulate the behaviour of employees. Confusion arises here because codes of ethics will also attempt to say something about the standards required of professionals. Often codes of ethics and codes of practice will overlap. However, codes of practice are not necessarily concerned with ethical issues; very often they will deal with issues of professional etiquette, issues of technical expertise, and legal issues. Thus, for example, a code of practice may set out the limitations on professional advertising, the types of formal qualifications needed before one practices as a professional, and the technical standards which a professional ought to exercise. None of these issues may actually be concerned with professional ethics. Thus, while a good code of ethics will address issues concerned with professional standards, a good code of practice does not necessarily address ethical issues or give guidance on moral problems related to professional practice.

6 Bills of Rights

A "Bill of Rights" sets out the rights of a particular group of people, be it all the citizens of a nation (as in the United States), or a smaller group such as students or health consumers. In general, a bill of rights sets out rights and entitlements: it does not set out moral obligations. These moral obligations are, of course, a corollary of rights: if a person or group has rights, then other persons or groups have the moral obligations that go with upholding those rights. Often, of course, it is the professional who has the moral obligation. These moral obligations, rather than moral rights, are the basis of codes of ethics. A bill of rights may be related to a code of ethics. If students are accorded a bill of rights, then any code of ethics for their teachers must take into account these rights.

What makes up a good Code of Ethics?

Many codes have the elements of both codes of practice and of moral guidelines. For example, the codes of ethics of professional bodies often function in both modes. They seek to give moral guidance to members, by setting out the ethical guidelines that should govern behaviour. However, they also seek to provide for the enforcement of that behaviour, by setting out mechanisms (such as ethics committees) for

enforcement of the code. Thus there are conflicting requirements on most codes of ethics. On the one hand, they set out general guidelines which will help those committed to the code to determine upon a sound course of action. On the other hand, they will set out normative standards and rules which can be enforced as part of the regulation of the profession. Thus the structure of most good codes of ethics contain the following:

Basic statements of principles and values

These set out the basic moral principles and values which will underpin the code. For example, a code of ethics for health-related professionals will almost always include in it statements about respecting the autonomy of the patient, and a statement about acting in the best interests of the patient. These statements are included because they give the professional an understanding of the basis of the code, and allow him or her to make ethical judgements informed by those principles and values. The professional may face a problem that is not adequately covered by the normative guidelines; or the normative guidelines may not seem to cover the problem at hand. In this case, reference to the basic moral principles and values may help provide clarification of the normative guidelines, or give a useful way of approaching the problem.

Normative Guidelines

A normative guideline gives a rule dealing with a particular situation or issue. It sets out the requirements of ethical behaviour in some detail. Thus, for example, the codes of ethics of health care professionals usually contain statements about the requirement to maintain confidentiality, prohibitions on sexual relationships between professionals and clients, and so on. These normative statements give substance to the code of ethics: they are concrete examples of the principles which underpin the code in action. However, a set of normative guidelines cannot be exhaustive. It cannot possibly cover every instance in which moral problems can occur. It is, at best, a collection of guidelines which cover the most frequent moral problems, or which give examples of ways in which moral problems can be dealt with.

Mechanisms for enforcement and review

A code of ethics must contain a collection of principles or statements of values, and a set of normative guidelines, in order for it to be useful. A more controversial question is whether or not the code should include some mechanism for its own enforcement. If the code's main purpose is simply to give moral guidance, then other forms of enforcement (usually based on punitive measures such as fines, suspension, or criminal sanctions) would seem inappropriate. However, in practice the code also serves as a statement of professional standards, and, through ensuring adherence of members to the code,will be part of the way in which a professional body serves the public. Certainly, a professional body which has a code of ethics which is openly flouted risks having both the code and its sponsoring body discredited. Thus there is in practice usually a need for some mechanism by which the more flagrant breaches of the code can be dealt with (for example, by establishing an ethics committee). Ethics committees can also help "enforce"a code by acting as a sounding board for members of the profession faced with a difficult moral problem. Such a committee can help foster the code by providing advice for the individual professional. It may also be useful to have a mechanism for review of the code. Codes of ethics can quickly become outdated.

Conclusion

In the end the best code of ethics in the world will not ensure good or ethical behaviour - that is reliant on the ethos of the organisation, the prevailing culture, and the character of the individual professional. However, a code of ethics finds its true role in the influence it has on all of these. Its role is as much educational and "culture setting" as it is prescriptive. The challenge for an organisation or profession is to set up a code of ethics which not only gives guidelines for the ethical benefit of individual practitioners but also contributes to the formation of an ethos in which ethical behaviour is the practiced norm.

NOTEBOOK

Bioethics Courses for 1996

We are pleased to be able to give you the venue and dates for both the Intensive Bioethics Course and the Advanced Bioethics Course for 1996. The Intensive Bioethics Course will take place on the weekend of Friday 12th April to Sunday 14th April and the Advanced Bioethics Course on the weekend of Friday 20th September to Sunday 22nd September.

Both courses will be run at the Ava Maria Retreat Centre of the Franciscan Missionaries of Mary at Point Piper in Sydney. As the participants in the Centre's first Advanced Course will know, the venue is centrally located, has excellent facilities and extensive views of Sydney Harbour.

Intensive Bioethics Course

This will be the Centre's third Intensive Bioethics Course. The programme will be made up of lectures, discussions and tutorials. The course will provide an introduction to ethical, theological, legal and economic aspects of health care. The course will be open to anyone with an interest in the ethics of health care.

Advanced Bioethics Course

The Centre's second Advanced Bioethics Course will focus on the issue of Genetics. It will be a wide-ranging investigation into the ethical aspects of issues such as genetic counselling, genetic manipulation, research, confidentiality, foetal diagnosis and familial cancers.

Students in the courses are encouraged to live in, so as to take advantage of the opportunities for informal interaction with presenters and fellow participants.

The courses provide a suitable background in bioethics for people who wish to apply for entry to the Master in Applied Ethics (Health Care) Course at Australian Catholic University. A number of participants in previous courses are currently completing the Masters Course.

For further information and application forms, please contact Barbara Reen at the John Plunkett Centre for Ethics on (02) 361 2869.

Master of Arts and Graduate Certificate in Applied Ethics (Health Care)

Places are still available for eligible students wishing to make application to Australian Catholic University to study for the Masters of Arts or Graduate Certificate in Applied Ethics (Health Care).

The Graduate Certificate has been designed for professional staff in health care who have had no opportunity for formal study of ethical issues.

The Master of Arts programme has been designed with the needs of those in leadership roles in medicine, nursing, social work and health care administration in mind.

Both programmes aim to equip students to engage in reasoned and well-informed debate on the ethical issues arising from their professional work.

For further information please contact Dr Robert Gascoigne, Course Coordinator, on (02) 739 2193 or the School of Religion and Philosophy, Australian Catholic University (NSW), on (02) 739 2252.

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