

22.11.2014

## Literatur zu *Common Morality*

### Bibliography on Common Morality

Alphabetische Ordnung / alphabetical order:

<http://www.ethikseite.de/bib/bcommonmorality.pdf>

Chronologische Ordnung / reverse chronological order:

<http://www.ethikseite.de/bib/cccommonmorality.pdf>

- 2009 [1] Alexandra, Andrew/Miller, Seumas (2009): Ethical Theory, “Common Morality”, and Professional Obligations, *Theoretical Medicine and Bioethics* 30, S. 69–80.<sup>1</sup>
- 2009 [2] Arras, John D. (2009): The Hedgehog and the Borg: Common Morality in Bioethics, *Theoretical Medicine and Bioethics* 30, S. 11–30.<sup>2</sup>
- 2003 [3] Beauchamp, Tom L. (2003): A Defense of the Common Morality, *Kennedy Institute of Ethics Journal* 13, S. 259–74.<sup>3</sup>

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<sup>1</sup> “We have two aims in this paper. The first is negative: to demonstrate the problems in Bernard Gert’s account of common morality, in particular as it applies to professional morality. The second is positive: to suggest a more satisfactory explanation of the moral basis of professional role morality, albeit one that is broadly consistent with Gert’s notion of common morality, but corrects and supplements Gert’s theory. The paper is in three sections. In the first, we sketch the main features of Gert’s account of common morality in general. In the second, we outline Gert’s explanation of the source of professional moral rules and demonstrate its inadequacy. In the third section, we provide an account of our own collectivist needs-based view of the source of the role-moral obligations of many professional roles, including those of health care professionals.”

<sup>2</sup> “In this commentary, I critically discuss the respective views of Gert and Beauchamp–Childress on the nature of so-called common morality and its promise for enriching ethical reflection within the field of bioethics. Although I endorse Beauchamp and Childress’ shift from an emphasis on ethical theory as the source of moral norms to an emphasis on common morality, I question whether roughing up common morality to make it look like some sort of ultimate and universal foundation for morality, untouched by the dialectics of time and reflective equilibrium, was an equally good move. As for Gert’s magisterial conception of common morality, I conclude that certain elements of his system are controversial at best and woefully inadequate at worst. He has a tendency to find in common morality what he himself put there, and his highly restricted conception of duties of assistance strikes this reader as ad hoc, inadequately defended, and unworthy of a project whose goal is to lessen the amount of misery in the world.”

- 2014 [4] Beauchamp, Tom (2014): On Common Morality as Embodied Practice. A Reply to Kukla, *Cambridge Quarterly of Healthcare Ethics* 23, S. 86–93. – Zu [19]. Dazu: [20].
- 2001 [5] Beauchamp, Tom/Childress, James (2009): *Principles of Biomedical Ethics*, 5. Auflage, New York, S. 2–5, 401–8.
- 2009 [6] Beauchamp, Tom/Childress, James (2009): *Principles of Biomedical Ethics*, 6. Auflage, New York, S. 2–5, 387–97.
- 2003 [7] Brand-Ballard, Jeffrey (2003): Consistency, Common Morality, and Reflective Equilibrium, *Kennedy Institute of Ethics Journal* 13, S. 231–58.<sup>4</sup>
- 1995 [8] Clouser, K. Danner (1995): Common Morality as an Alternative to Principlism, *Kennedy Institute of Ethics Journal* 5, S. 219–36.<sup>5</sup>

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<sup>3</sup> “Phenomena of moral conflict and disagreement have led writers in ethics to two antithetical conclusions: Either valid moral distinctions hold universally or they hold relative to a particular and contingent moral framework, and so cannot be applied with universal validity. Responding to three articles in this issue of the *Journal* that criticize his previously published views on the common morality, the author maintains that one can consistently deny universality to some justified moral norms and claim universality for others. Universality is located in the common morality and nonuniversality in other parts of the moral life, called “particular moralities.” The existence of universal moral standards is defended in terms of: (1) a theory of the objectives of morality, (2) an account of the norms that achieve those objectives, and (3) an account of normative justification (both pragmatic and coherentist).”

<sup>4</sup> “Biomedical ethicists often assume that common morality constitutes a largely consistent normative system. This premise is not taken for granted in general normative ethics. This paper entertains the possibility of inconsistency within common morality and explores methodological implications. Assuming common morality to be inconsistent casts new light on the debate between principlists and descriptivists. One can view the two approaches as complementary attempts to evade or transcend that inconsistency. If common morality proves to be inconsistent, then principlists might have reason to prefer a less pluralistic theory, thereby moving closer to descriptivism. Descriptivists, by contrast, might want to qualify their claim to accommodate all of people’s basic moral convictions. Finally, both camps might wish to adopt a more revisionist posture, accepting that an adequate ethical theory occasionally will contradict some of people’s deepest moral convictions. Proper application of the method of reflective equilibrium, to which both descriptivists and principlists claim allegiance, may entail greater openness to revisionism than either camp admits.”

<sup>5</sup> “Unlike the principles of Kant, Mill, and Rawls, 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. Another approach to “theory and method in bioethics” is presented as an alternative to principlism, though actually the “alternative” predates principlism by about 10 years. The alternative’s account of morality stays close to ordinary, common morality with its rules and ideals, which in turn are grounded in aspects of human nature. As such, morality must be understood to be a rational, impartial, and public system that is incumbent on everyone. Morality is a unified and integrated system. The moral rules and ideals are also “culture-“ and “profession-sensitive” in that they are interpreted more specifically within these various contexts.”

- 2003 [9] DeGrazia, David (2003): Common Morality, Coherence, and the Principles of Biomedical Ethics, *Kennedy Institute of Ethics Journal* 13, S. 219–30.<sup>6</sup>
- 2006 [10] Evans, John (2006): Between Technocracy and Democratic Legitimation: A Proposed Compromise Position for Common Morality Public Bioethics, *Journal of Medicine and Philosophy* 31, S. 213–234.<sup>7</sup>
- 1999 [11] Gert, Bernard (1999): Common Morality and Computing, *Ethics and Information Technology* 1, S. 53–60.<sup>8</sup>
- 2004 [12] Gert, Bernard (2004): *Common Morality. Deciding What to Do*, Oxford.
- 2005 [13] Gert, Bernard (2005): *Morality. Its Nature and Justification*, Revised Edition, Oxford.
- 2007 [14] Gert, Bernard/Culver, Charles M./Clouser, K. Danner (2006): *Bioethics. A Systematic Approach*, Oxford.
- 2011 [15] Herissone-Kelly, Peter (2011): Determining the Common Morality's Norms in the Sixth Edition of Principles of Biomedical Ethics, *Journal of Medical Ethics* 37, S. 584–87.<sup>9</sup>

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<sup>6</sup> “The fifth edition of Beauchamp and Childress’s *Principles of Biomedical Ethics* is distinguished by its emphatic embrace of common morality as the ultimate source of moral norms. This essay critically evaluates the fifth edition’s discussion of common morality and, to a lesser extent, its treatment of coherence (both the model of ethical justification and the associated concept). It is argued that the book is overly accommodating of existing moral beliefs. The paper concludes with three suggestions for improving this leading text.”

<sup>7</sup> “In this article I explore the underlying political philosophy of public bioethics by comparing it to technocratic authority, particularly the technocratic authority claimed by economists in Mexico in the 1980s and 1990s. I find that public bioethics – at least in the dominant forms – is implicitly designed for and tries to use technocratic authority. I examine how this type of bioethics emerged and has continued. I finish by arguing that, as claims to technocratic authority go, bioethics is in an incredibly weak position, which partly explains why it has never gained the degree of public legitimacy that other technocracies have gained. I conclude by arguing for a “technocracy-lite” orientation for public bioethics.”

<sup>8</sup> “This article shows how common morality can be helpful in clarifying the discussion of ethical issues that arise in computing. Since common morality does not always provide unique answers to moral questions, not all such issues can be resolved, however common morality does provide a clear answer to the question whether one can illegally copy software for a friend.”

<sup>9</sup> “Tom Beauchamp and James Childress have always maintained that their four principles approach (otherwise known as principlism) is a globally applicable framework for biomedical ethics. This claim is grounded in their belief that the principles of respect for autonomy, non-maleficence, beneficence and justice form part of a ‘common morality’, or collection of very general norms to which everyone who is committed to morality subscribes. The difficulty, however, has always been how to demonstrate, at least in the absence of a full-blooded analysis of the concept of morality, whether the four principles are foundational, and so globally applicable, in this way. In the recently published sixth edition of *Principles of Biomedical Ethics*, an imaginative and non-question-begging empirical method of determining the common morality’s norms is suggested. In this paper, I outline this method, before arguing that it is difficult to see how it might be thought to achieve its purpose.”

- 2013 [16] Hodges, Kevin E./Sulmasy, Daniel P. (2013): Moral Status, Justice, and the Common Morality: Challenges for the Principlist Account of Moral Change, *Kennedy Institute of Ethics Journal* 23, S. 275–96.<sup>10</sup>
- 2011 [17] Karlsen, J. R./Solbakk, J. H. (2011): A Waste of Time: The Problem of Common Morality in Principles of Biomedical Ethics, *Journal of Medical Ethics* 37, S. 588–91.<sup>11</sup>
- 2009 [18] Kuczewski, Mark G. (2009): The Common Morality in Communitarian Thought: Reflective Consensus in Public Policy, *Theoretical Medicine and Bioethics* 30, S. 45–54.<sup>12</sup>

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<sup>10</sup> “The theory of principlism elaborated by Beauchamp and Childress in *Principles of Biomedical Ethics* has become extremely influential in bioethics. The theory employs the idea of the common morality as a foundation for the principles of autonomy, beneficence, nonmaleficence, and justice. According to this account, the content of the common morality is universal and constant, while variability in morals is due to the fact that the issue of who is included within the scope of moral status evolves over time. This suggests that issues of moral status are not part of the common morality at all, and this presents a conundrum: questions of moral status seem central to any substantive account of justice, and any conception of the common morality that excludes moral status therefore seems inadequate for supporting a robust principle of justice. We argue that proponents of common morality theory are left with four options: (1) making moral status a part of the objective common morality and ignoring evidence that views about moral status do seem to vary over time and place; (2) excluding justice from the substantive content of the common morality; (3) taking common morality to be an imperfect approximation of an independently justified and universal foundationalist ethic against which the common morality is judged; or (4) weakening claims about the universality of common morality, thereby allowing the common morality to support a variety of principles of justice applicable only within particular communities that have specified the scope of moral status. We suspect that proponents of common morality theory will not view any of these options favorably, which raises questions about the ultimate contribution of that account.”

<sup>11</sup> “From the 5th edition of Beauchamp and Childress’ *Principles of Biomedical Ethics*, the problem of common morality has been given a more prominent role and emphasis. With the publication of the 6th and latest edition, the authors not only attempt to ground their theory in common morality, but there is also an increased tendency to identify the former with the latter. While this stratagem may give the impression of a more robust, and hence stable, foundation for their theoretical construct, we fear that it comes with a cost, namely the need to keep any theory in medical ethics open to, and thereby aware of, the challenges arising from biomedical research and clinical practice, as well as healthcare systems. By too readily identifying the moral life of common morality with rule-following behaviour, Beauchamp and Childress may even be wrong about the nature of common morality as such, thereby founding their, by now, classic theory on quicksand instead of solid rock.”

<sup>12</sup> “I explore the possible meanings that the notion of the common morality can have in a contemporary communitarian approach to ethics and public policy. The common morality can be defined as the conditions for shared pursuit of the good or as the values, deliberations, traditions, and common construction of the narrative of a people. The former sense sees the common morality as the universal and invariant structures of morality while the second sense is much more contingent in nature. Nevertheless, the communitarian sees both aspects as integral in devising solutions to public policy problems. I outline how both meanings follow from communitarian philosophical anthropology and illustrate how they work together when addressing a question such as that of providing universal health insurance in the United States. The

- 2014 [19] Kukla, Rebecca (2014): Living with Pirates. Common Morality and Embodied Practice, *Cambridge Quarterly of Healthcare Ethics* 23, S. 75–85. – Dazu: [4] und [26].
- 2014 [20] Kukla, Rebecca (2014): Response to Strong and Beauchamp. At World’s End, *Cambridge Quarterly of Healthcare Ethics* 23, S. 99–102. – Zu [4] und [26]. Dazu [27].
- 2005 [21] Lindsay, Ronald A. (2005): Slaves, Embryos, and Nonhuman Animals: Moral Status and the Limitations of Common Morality Theory, *Kennedy Institute of Ethics Journal* 15, S. 323–46.<sup>13</sup>
- 2009 [22] Lindsay, Ronald A. (2009): Bioethics Policies and the Compass of Common Morality, *Theoretical Medicine and Bioethics* 30, S. 31–43.<sup>14</sup>
- 2008 [23] Rauprich, Oliver (2008): Common Morality: Comment on Beauchamp and Childress, *Theoretical Medicine and Bioethics* 29, S. 43–71.<sup>15</sup>

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common morality forms the basis of building an implicit consensus that is available to and reaffirmed by the shared reflections of the citizenry.”

<sup>13</sup> “Common morality theory must confront apparent counterexamples from the history of morality, such as the widespread acceptance of slavery in prior eras, that suggest core norms have changed over time. A recent defense of common morality theory addresses this problem by drawing a distinction between the content of the norms of the common morality and the range of individuals to whom these norms apply. This distinction is successful in reconciling common morality theory with practices such as slavery, but only at the cost of underscoring the limits of common morality theory, in particular its inability to resolve disputes about the moral status of entities. Given that many controversies in bioethics center on the disputed status of various entities, such as embryos and nonhuman animals, this is an important limitation. Nonetheless, common morality theory still can be a useful resource in diminishing moral conflict on issues that do not involve disputes over moral status.”

<sup>14</sup> “Even if there is a common morality, many would argue that it provides little guidance in resolving moral disputes, because universally accepted norms are both general in content and few in number. However, if we supplement common morality with commonly accepted factual beliefs and culture-specific norms and utilize coherentist reasoning, we can limit the range of acceptable answers to disputed issues. Moreover, in the arena of public policy, where one must take into account both legal and moral norms, the constraints on acceptable answers will narrow the extent of reasonable disagreement even further. A consideration of the debate over legalization of assisted dying supports this claim.”

<sup>15</sup> “The notion of common morality plays a prominent role in some of the most influential theories of biomedical ethics. Here, I focus on Beauchamp and Childress’s models in the fourth and fifth edition of *Principles of Biomedical Ethics* as well as on a revision that Beauchamp proposed in a recent article. Although there are significant differences in these works that require separate analysis, all include a role for common morality as starting point and normative framework for theory construction in combination with a coherence theory of moral justification. I defend to some extent the existence and empirical significance of common morality, as delineated by Beauchamp and Childress in different versions, but criticize its normative role. It is neither convincing as a moral foundation nor well compatible with a standard coherentist justification. I suggest that the authors should give up the foundational account for a more modest account of common morality as resource of well-established moral insights and experiences, which have proved

- 2008 [24] Strong, Carson (2008): Justifying Group-specific Common Morality, *Theoretical Medicine and Bioethics* 29, S. 1–15.<sup>16</sup>
- 2009 [25] Strong, Carson (2009): Exploring Questions about Common Morality, *Theoretical Medicine and Bioethics* 30, S. 1–9.
- 2014 [26] Strong, Carson (2014): Kukla’s Argument against Common Morality as a Set of Precepts, *Cambridge Quarterly of Healthcare Ethics* 23, S. 93–99. – Zu [19]. Dazu [20].
- 2014 [27] Strong, Carson (2014): A Few More Comments on Common Morality, Noting Some Points of Agreement, *Cambridge Quarterly of Healthcare Ethics* 23, S. 103–4. – Zu [20].
- 1998 [28] Turner, Leigh (1998): An Anthropological Exploration of Contemporary Bioethics: The Varieties of Common Sense, *Journal of Medical Ethics* 24, S. 127–33.<sup>17</sup>
- 2003 [29] Turner, Leigh (2003): Zones of Consensus and Zones of Conflict. Questioning the “Common Morality” Presumption in Bioethics, *Kennedy Institute of Ethics Journal* 13, S. 193–218.<sup>18</sup>

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generally valid but neither sufficient nor infallible. Beauchamp’s latest proposal appears as a step in this direction; indeed, it may be the beginning of the end of his common-morality theory.”

<sup>16</sup> “Some defenders of the view that there is a common morality have conceived such morality as being universal, in the sense of extending across all cultures and times. Those who deny the existence of such a common morality often argue that the universality claim is implausible. Defense of common morality must take account of the distinction between descriptive and normative claims that there is a common morality. This essay considers these claims separately and identifies the nature of the arguments for each claim. It argues that the claim that there is a universal common morality in the descriptive sense has not been successfully defended to date. It maintains that the claim that there is a common morality in the normative sense need not be understood as universalist. This paper advocates the concept of group specific common morality, including country-specific versions. It suggests that both the descriptive and the normative claims that there are country-specific common moralities are plausible, and that a country-specific normative common morality could provide the basis for a country’s bioethics.”

<sup>17</sup> “Patients and physicians can inhabit distinctive social worlds where they are guided by diverse understandings of moral practice. Despite the contemporary presence of multiple moral traditions, religious communities and ethnic backgrounds, two of the major methodological approaches in bioethics, casuistry and principlism, rely upon the notion of a common morality. However, the heterogeneity of ethnic, moral, and religious traditions raises questions concerning the singularity of common sense. Indeed, it might be more appropriate to consider plural traditions of moral reasoning. This poses a considerable challenge for bioethicists because the existence of plural moral traditions can lead to difficulties regarding “closure” in moral reasoning. The topics of truth-telling, informed consent, euthanasia, and brain death and organ transplantation reveal the presence of different understandings of common sense. With regard to these subjects, plural accounts of “common sense” moral reasoning exist.”

<sup>18</sup> “Many bioethicists assume that morality is in a state of wide reflective equilibrium. According to this model of moral deliberation, public policymaking can build upon a core common morality that is pretheoretical and provides a basis for practical reasoning. Proponents of the common morality approach to moral

- 2003 [30] Veatch, Robert M. (2003): Is There a Common Morality?, *Kennedy Institute of Ethics Journal* 13, S. 189–92.
- 2009 [31] Wallace, K. A. (2009): Common Morality and Moral Reform, *Theoretical Medicine and Bioethics* 30, S. 55–68.<sup>19</sup>

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deliberation make three assumptions that deserve to be viewed with skepticism. First, they commonly assume that there is a universal, transhistorical common morality that can serve as a normative baseline for judging various actions and practices. Second, advocates of the common morality approach assume that the common morality is in a state of relatively stable, ordered, wide reflective equilibrium. Third, casuists, principlists, and other proponents of common morality approaches assume that the common morality can serve as a basis for the specification of particular policies and practical recommendations. These three claims fail to recognize the plural moral traditions that are found in multicultural, multiethnic, multifaith societies such as the United States and Canada. A more realistic recognition of multiple moral traditions in pluralist societies would be considerably more skeptical about the contributions that common morality approaches in bioethics can make to resolving contentious moral issues.”

<sup>19</sup> “The idea of moral reform requires that morality be more than a description of what people do value, for there has to be some measure against which to assess progress. Otherwise, any change is not reform, but simply difference. Therefore, I discuss moral reform in relation to two prescriptive approaches to common morality, which I distinguish as the foundational and the pragmatic. A foundational approach to common morality (e.g., Bernard Gert’s) suggests that there is no reform of morality, but of beliefs, values, customs, and practices so as to conform with an unchanging, foundational morality. If, however, there were revision in its foundation (e.g., in rationality), then reform in morality itself would be possible. On a pragmatic view, on the other hand, common morality is relative to human flourishing, and its justification consists in its effectiveness in promoting flourishing. Morality is dependent on what in fact does promote human flourishing and therefore, could be reformed. However, a pragmatic approach, which appears more open to the possibility of moral reform, would need a more robust account of norms by which reform is measured.”