

How “moral” are the principles of biomedical ethics? – a cross-domain evaluation of the common morality hypothesis

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Abstract

Background: The principles of biomedical ethics – autonomy, non-maleficence, beneficence, and justice – are of paradigmatic importance for framing ethical problems in medicine and for teaching ethics to medical students and professionals. In order to underline this significance, Tom L. Beauchamp and James F. Childress base the principles in the common morality, i.e. they claim that the principles represent basic moral values shared by all persons committed to morality and are thus grounded in human moral psychology. We empirically investigated the relationship of the principles to other moral and non-moral values that provide orientations in medicine. By way of comparison, we performed a similar analysis for the business & finance domain.

Methods: We evaluated the perceived degree of “morality” of 14 values relevant to medicine ($n_1 = 317$, students and professionals) and 14 values relevant to business & finance ($n_2 = 247$, students and professionals). Ratings were made along four dimensions intended to characterize different aspects of morality.

Results: We found that compared to other values, the principles-related values received lower ratings across several dimensions that characterize morality. By interpreting our finding using a clustering and a network analysis approach, we suggest that the principles can be understood as “bridge values” that are connected both to moral and non-moral aspects of ethical dilemmas in medicine. We also found that the social domain (medicine vs. business & finance) influences the degree of perceived morality of values.

Conclusions: Our results are in conflict with the common morality hypothesis of Beauchamp and Childress, which would imply domain-independent high morality ratings of the principles. Our findings support the suggestions by other scholars that the principles of biomedical ethics serve primarily as instruments in deliberated justifications, but lack grounding in a universal “common morality”. We propose that the specific manner in which the principles are taught and discussed in medicine – namely by referring to conflicts requiring a balancing of principles – may partly explain why the degree of perceived “morality” of the principles is lower compared to other moral values.

Keywords: Autonomy, Beneficence, Business and finance, Common morality, Justice, Medicine, Moral psychology, Moral values, Non-maleficence, Principlism