Four Ways We Approach Ethics

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Abstract: Most people use four different approaches when making ethical decisions. Some people use one approach predominantly, while others vary their approaches according to the circumstances. In either case, the approaches usually are chosen unconsciously. A main source of conflict in decision making occurs when two parties argue or negotiate their positions from different moral approaches, for these different moral approaches are not convincing to one another. People may be persuaded to change their minds only when a stronger position is raised within their own moral approach. The different moral approaches are the principle, consequences, virtue/character, and moral sentiment approaches. Conflicts in decision making can become easier to resolve when decision makers first recognize they are using different moral approaches and then choose to negotiate within the same moral approach.

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Key words: principles, consequences, virtue/character, moral sentiment

Four dentists congregate during a break at the dental conference. Striking up a conversation, one asks, “What did you think of that presentation by Dr. Don Patthoff?” They all nod thoughtfully. “He certainly spoke eloquently and with much passion about the problem of the uninsured in our society and the many people who can’t access good oral health,” one commented. But another interjected, “What do you think about his position that our whole association, all of us dentists, should take the lead in addressing this problem to make sure that everyone who needs a dentist can get good oral health, regardless of their ability to pay?”

One of the dentists, Dr. Principle, shook his head. “This is a tough issue,” he says. “It is unjust that many people can’t access needed oral health. On one hand, it’s wrong that we have to pick up the slack and pay the price just to save employers and the government some money. But in the end, I think it’s probably the right thing to do. Every dentist probably should take a percentage of charity patients and share that burden equally.”

Dr. Consequence frowned. “I don’t know,” she responded. “The situation is bad for everyone—for the patients and for us. On one hand, if every dentist did agree to take care of some charity cases, we’d at least make a big dent in the problem, and none of us would have to shoulder the burden too much. But not every dentist is in the financial position to give away a lot of free care. If we treat too many charity cases, our practices would suffer. And more employers will stop offering dental insurance if they learn we’ll do everyone for free.”

Dr. Virtue look perplexed. “I confess it’s very hard for me not to take care of uninsured people who can’t afford to pay me when they have real oral health needs,” he said. “When they come to my office, I figure: I’m a dentist, they’re in pain, who else can help them? I wouldn’t like myself very much if I turned them away or ignored them. But I realize not every dentist looks on it that way. I’ve had paying customers leave me because they’ve had to wait longer for an appointment while I’m taking care of someone for free. Not every dentist can afford to do that or wants to put up with that.”

Dr. Sentiment frowned and nodded. “I don’t know how I feel about this,” she admitted. “I dread it when people come to my office with major oral health needs and no means to pay for it. I feel terrible turning them away. I feel good when I can help them, but I’m torn not knowing if this is something I believe all dentists should do or not. I’ve often felt, though, that it doesn’t seem right I have to bear the burden of so many charity cases when other dentists don’t pull their weight and take their share. And it bothers me a lot that this problem of the uninsured and underinsured is only going to continue to get worse.”

Is it possible for these dentists to come to an agreement on this matter? How are moral dilemmas resolved successfully—that is, in a way that enables everyone involved to offer his or her perspective on the issue and, after a thorough discussion, “buy into” the decision?

Moral dilemmas arise when individuals or groups must choose between competing values, selecting one value over another. Which value should be chosen by these dentists? Access to care for all, regardless of the ability to pay, out of a sense of social justice? Or only charity care for some offered by individual dentists based upon their own personal
values? What is the obligation of dentists to people who need oral health but cannot pay? What are the limits or parameters of that obligation, if it exists at all?

Intelligent, well-meaning, and good-hearted people can struggle with competing values—as these dentists did—and disagree about which values should prevail. An appeal to ethics in the literature often is not very helpful. Usually either we are given some sweeping statements of what is right or wrong, or we are offered some ethical theories such as deontology or teleology and told to apply these theories to moral dilemmas. The first approach is frustrating because it fails to consider the practical implications of implementing sweeping statements such as “All dentists should do their part to make sure everyone has access to needed oral health” or “It’s society’s problem, not ours.” The second approach can feel artificial and awkward, as people are forced to try to apply moral theories that often are foreign and not meaningful to them.

The challenge of resolving moral dilemmas—of choosing from among competing values—is compounded by the problem that people have different approaches to moral decision making. We tend to forget that ethical theories are not fabricated out of thin air, but rather are reflections of and elaborations on the lived experience of human beings seeking to live morally. People who have never heard of the different ethical theories nevertheless operate unconsciously out of one or more of those theories when they make moral decisions in their personal and professional lives.

### Four Approaches to Moral Decision Making

For a number of years, I have been privileged to participate both with hospital ethics committees and hospital administrative teams as they grapple with difficult moral decisions. From these experiences I have learned the following:

- There are four distinctly different ways in which people make moral decisions.
- Almost everyone uses all four of these ways. We utilize different approaches in different roles, in different situations, and in different times in our life. Yet we do so unreflectively and nearly always without conscious choice, and certainly not because of any allegiance to (or even knowledge of) corresponding ethical theories.

- Some people use one way predominantly; others vary their approach according to a variety of factors. Regardless, people remain in the same approach and are not swayed by arguments from the other approaches but only by arguments from their own approach.
- Most potentially irresolvable conflicts occur when two or more parties argue or negotiate their positions from different moral approaches. Agreement or consensus may often occur only when the different parties adopt the same approach.

It is less important that you know the theories behind the four approaches than that you recognize the approaches themselves (see the Addendum for examples). If you find yourself arguing your position from an approach different from the other party’s, you may have to “change gears,” maintaining your position but adopting the other party’s moral approach to communicate in a way that is meaningful to him or her. Otherwise, you and the other party may end up repeating your arguments, either failing to achieve consensus or forced into a win-lose situation.

### Principle Approach

I list this first not because it is the best moral approach or even because it is the one most frequently used, but because it is the most familiar since most ethics education is based on principles. Dental ethics is predominantly principle-based, teaching dentists to apply such principles as autonomy, beneficence, and justice. Business ethics also is usually expressed in terms of principles, including those prohibiting fraud, misrepresentation, and false billing, for instance.

Put most succinctly, a principle is a general normative standard of conduct, holding that a particular decision or action is true or right or good for all people in all times and in all places. The Ten Commandments and the Golden Rule are principles. They are self-evident, need no explanation, and apply to everyone. For a principle-oriented person, an action or decision is right or wrong regardless of the consequences. People who find it natural to use the principle approach to moral decision making tend to use words like “must,” “ought,” “duty,” “obligation,” “always,” and “never.”

Everyone should sometimes use the principle approach to moral decision making; without principles, people have no parameters limiting what they will or will not do. On the other hand, one who always uses the principle approach will likely be considered dogmatic and hard to get along with.
In our discussion among the dentists cited at the beginning of this article, Dr. Principle said that it was “unjust” that many people couldn’t access needed oral health, but also that it was “wrong” that dentists should assume the obligation of employers and government. He proposed a “fair” or “just” solution that he applied to “all” dentists. He was using a principle approach.

**Consequence Approach**

But what Dr. Principle said failed to persuade Dr. Consequence, who essentially was saying, “Look at the bad things that can happen if we try to follow your principle of requiring all dentists to take an equal share of the charity cases.” By basing her decisions not on principles but on the outcomes of actions, she was using the consequence approach to moral decision making.

People using this approach often ask such questions as “What’s the bottom line?” “What effect will this have?” “What good will this bring about?” and “Will this help in the long run?” In the consequence approach, decision makers weigh several possible results and arrive at the decision likely to produce the best result. They are not swayed by principles, but instead will focus on the outcomes of trying to follow those principles.

Dr. Principle and Dr. Consequence will never be able to persuade each other to adopt the other’s position using their own familiar arguments. For Dr. Principle, if he believes that it is unjust for people to lack access to needed oral health because of their inability to pay, then something must be done. Or, on the other hand, if he judges it to be wrong that the burden of caring for people who are poor falls unfairly on dentists, then he will not be open to creative solutions requiring dentists to address this no matter how much good is accomplished. Dr. Consequence, on the other hand, may not disagree that it is unjust for people to be denied oral health due to their inability to pay, but for her the burden imposed on dentists in attempting to rectify this problem is far more important than any principle of justice or fairness. These two dentists are not only arguing about different values; they are also using different approaches to moral decision making.

People usually do not change their moral approaches to decision making. When my daughter was learning to walk, my wife would say, “Don’t let her get near those two steps going down into our living room; it would be wrong to let her fall.” I, on the other hand, would say, “The steps are not that high. I don’t think she’ll get hurt. Let her fall once or twice and she’ll learn how to use them.” This did not persuade my wife. She was using the principle approach to decision making, and I was using the consequence approach. We shared the same values: wanting to keep our daughter safe while she learned to walk. But because our moral approaches were different, we could not reach agreement on this matter.

Everyone should use a consequence approach to moral decision making some of the time, because people who are apparently unconcerned about results may be accused of being naïve or having their heads in the clouds. If, on the other hand, you always use the consequence approach, you may be seen as cold and uncaring.

**Virtue/Character Approach**

This approach resembles the principle approach except that the “moral oughts” here apply to a particular person, role, or group, and not to everyone. This approach examines a person’s (or role’s or group’s) intentions, dispositions, and motives and then makes a moral assessment or judgment of the person (or role’s or group’s) character.

People using the virtue/character approach often use the words “good” or “bad,” rather than “right” or “wrong.” They say, “She’s a good friend,” or “He’s a good dentist,” or, on the other hand, “I don’t feel like a very good parent,” or “He’s a bad leader.” The judgment involved addresses neither the morality nor the consequences of an act but, rather, the character of the person performing the act.

“Integrity” and “walking the talk” are very important to people who use the virtue/character approach. The statement attributed to Martin Luther when he nailed his 95 theses to the church door—“Here I stand, I can do no other”—strikes me as a classic virtue/character statement because it describes what Luther believed he had to do, regardless of the consequences.

In our example, Dr. Virtue believed that, because he was a dentist, he had an obligation to help patients in need of oral health even when they could not pay. His moral position was not based on a principle of what was right or wrong for all people, and he was aware of some of the unpleasant consequences he could encounter in his practice and could affect him financially. But for Dr. Virtue, what counted was that he wouldn’t like himself very much—as a person or as a dentist—if he turned away those in need. He
would not have been living up to his own personal moral standards.

Everyone should probably use the virtue/character approach in making some moral decisions because, as my father used to say, “It’s good to have some character.” But if you use only this approach, people can take advantage of you and of your strong sense of personal responsibility. On the other hand, if you never use this approach, others may find it hard to understand who you are and what you stand for.

**Moral Sentiment Approach**

Nearly everyone experiences strong feelings when confronted with difficult moral dilemmas and when making difficult choices, but people utilizing the other three moral approaches do not base their decisions on their feelings. People who do, however, are using the moral sentiment approach. They have strong feelings of approval or disapproval, or they need to feel comfortable with their decision; if they do not, then something is wrong.

People who use the moral sentiment approach say, for example, “I don’t feel good about this,” “This feels OK to me,” “This just doesn’t seem right,” “Is everyone comfortable with this?” and “Can everybody live with this?” When you are cheered watching your young child finally succeed at a difficult task, or appalled or angered learning about a tragedy caused by recklessness or selfishness, you are experiencing the moral sentiment feelings of approval or disapproval.

But those who rely on their feelings in making moral judgments can feel at a disadvantage when asked to explain or defend their position. Colleagues who use the principle or consequence approaches likely will insist that the moral sentiment person give objective reasons for his or her position. Moral sentiment individuals can give reasons that they feel strongly about, but the argument can feel weak since it is based more on the feelings than on the reasons. Not uncommonly, moral sentiment individuals will tell a story or give an example to explain their position, hoping or assuming that this will elicit the same feelings in others that it has in them.

In our case, Dr. Sentiment relied on her feelings to express her moral position. She said she felt “terrible” turning away patients in need who couldn’t pay, felt “good” when she could help them, but was “torn” not being able to decide if all dentists should feel the way she did.

Everyone uses the moral sentiment approach sometimes. When we do so, however, principles, consequences, and appeals to virtue are not moving to us and rarely change how we feel about a particular situation. We then may be accused of being subjective or even irrational. On the other hand, people who never seem to act out of moral sentiment may strike their colleagues as unfeeling.

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**Resolving Different Approaches**

If the members of a group unknowingly adopt four different approaches to moral decision making, how can they arrive at a consensual decision? There are two things that must be done.

First, recognize the moral approach being used. A principle argument will not be persuasive to a person who is most concerned about the consequences of following a principle. A virtue/character argument will not be persuasive to a person who just does not feel right about the proposed course of action. It is imperative, therefore, that first you recognize the moral approach being used by the other(s).

Second, discuss the issue within that moral approach. Faced with a principle-oriented person, you should then introduce other principles for that person to consider. Since they will assess the problem and make their decisions primarily in light of principles, it is fruitless to talk of consequences, virtue, or feelings. Instead, raise other principles that will cause the principle-oriented person possibly to reconsider his or her position. Similarly, suggest that consequence-oriented people weigh different consequences; that virtue/character-oriented people consider other values centrally important to them or other understandings of professional responsibility that are meaningful to them; and that moral sentiment-oriented people ponder different options to determine if they feel differently about any one of them.

In our example of the four dentists discussing the proposal that all dentists in the association take the lead in addressing the problem of the poor and uninsured who are lacking the ability to access the needed oral health, it is possible that they will come to an agreement—but all for very different reasons, as they are using different moral approaches. If they favor the proposal, Dr. Principle will state that it is simply the right thing to do; Dr. Consequence will judge the advantages to outweigh the disadvantages; Dr. Virtue will believe that all dentists have the responsibility to help those in need of oral health; and
Dr. Sentiment will feel best if the association addresses this societal need. On the other hand, if they are against the proposal, Dr. Principle will believe it is wrong to force dentists to assume society’s responsibility; Dr. Consequence will judge the disadvantages to outweigh the advantages; Dr. Virtue will decide that it is admirable but not required for other dentists to provide charity care; and Dr. Sentiment will feel that she cannot force her felt personal responsibility onto all other dentists.

If the dentists find that they disagree, however, chances are they will end up only repeating their arguments but find they are unable to convince the others of their position and that they are not swayed by the arguments of the others. What will be necessary is for each dentist to recognize the moral approach used by the others, and argue within each other’s moral approach, i.e., seek to have Dr. Principle consider other principles, Dr. Consequence to weigh the outcomes differently, Dr. Virtue to consider other personal or professional responsibilities, and Dr. Sentiment to feel differently about the decision.

Hopefully, Dr. Patthoff’s presentation was argued from within all four moral approaches. Too often a proposal or decision is argued for or justified only from one or sometimes two moral approaches. Participants who are not driven by those moral approaches, however, usually find such arguments or justifications to be inadequate and unpersuasive. A decision or position is best argued for when it is supported by principle reasons, consequence reasons, virtue/character reasons, and (when possible) moral sentiment reasons. One can thus be best assured that the supporting rationale for the decision or position has addressed most of the audience’s concerns.
In the following scenarios, the four responses represent the different ways in which people make moral decisions. To get an indication of what may be their most commonly used approach, each workshop participant picked one response in each scenario that most typified him or her. Since it is most helpful to recognize the different moral approaches so that one may best know how to negotiate when there is disagreement, the participants tried to identify each response as reflecting the principle, consequence, virtue/character, or moral sentiment approaches to moral decision making. The answers are at the end.

1) A violent storm devastates a nearby area in your state, leaving many injured and homeless. Your church wants to take up a special collection to address the needs of those victims. You generously donate $50, because:
   a. You feel sorry for the tragic victims of the storm, are moved to help, and personally feel better being open to giving a generous donation.
   b. You figure that if everyone donates a reasonable amount, then such contributions won’t hurt us much as individuals and overall there will be a great benefit to the storm victims.
   c. You were spared from the storm, and you believe that all those who have been blessed by God have an obligation to share their resources with the less fortunate.
   d. It would seem selfish and insensitive of you not to make some donation.

2) A close friend of yours confides that he or she is having an adulterous affair. You disapprove of this because:
   a. Cheating on one’s spouse seems to be sneaky, dishonest, and a betrayal of trust; these are not qualities you like to see now in your friend.
   b. It is wrong to be unfaithful in marriage; adultery is a violation of marriage vows.
   c. You want the marriage to work, and it saddens you to think that the marriage of your close friends, which you valued and took for granted, has now deteriorated to this.
   d. You fear that in the end your friend, his or her spouse, and their children will all be severely hurt by this experience, and you see no good coming out of it.

3) You make a New Year’s resolution to be less critical and more supportive of your spouse, children, or friends because:
   a. It’s the right thing to do; all people should make a resolution at the start of a new year to improve themselves and to be better in their relationships.
   b. You don’t feel good about how you’ve been acting lately and feel a need to rejuvenate your relationships.
   c. You’ve been disappointed in yourself in how you’ve been acting lately, and you want to become a better spouse/parent/person or friend.
   d. There has been a lot of bickering and misunderstanding lately, and your New Year’s resolution will hopefully help everyone to get along better, leading to a more pleasant home environment or a better overall outlook on life.

4) Another dentist uses profanity at meetings. In private, you ask him to stop this because:
   a. You personally find this offensive and very inappropriate.
   b. You are concerned that the use of profanity detracts from the effectiveness of his contributing remarks.
   c. The use of profanity casts his character in a bad light, especially in a meeting with fellow health care professionals.
   d. It is wrong to use profanity, and its use is demeaning to everyone in the room.
5) Your widowed mother passes away. Your siblings begin to disagree over how to claim mementoes from her house. You propose that everyone take turns selecting one item because:
   a. We’re a family; Mom wouldn’t want her children fighting over her possessions.
   b. It is fair; it is the most just and equitable way of dispensing mementoes.
   c. This will minimize bickering and ensure that everyone has some special remembrances.
   d. This is hard enough to do as it is, and why make it harder? When we are all dealing with our own grieving, we should at least be considerate of one another.

**Answers**

1. a) moral sentiment  b) consequences  c) principle  d) virtue/character
2. a) virtue/character  b) principle  c) moral sentiment  d) consequences
3. a) principle  b) moral sentiment  c) virtue/character  d) consequences
4. a) moral sentiment  b) consequences  c) virtue/character  d) principle
5. a) virtue/character  b) principle  c) consequences  d) moral sentiment