



The Elements of Moral Philosophy

Fourth Edition

J A M E S R A C H E L S

The Elements of Moral Philosophy

FOURTH EDITION

JAMES RACHELS

University of Alabama at Birmingham



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About the Author

JAMES RACHELS is University Professor of Philosophy at the University of Alabama at Birmingham. He is also the author of *The End of Life: Euthanasia and Morality* (1986), *Created from Animals: The Moral Implications of Darwinism* (1990), and *Can Ethics Provide Answers? And Other Essays in Moral Philosophy* (1997).

Preface

Socrates, one of the first and best moral philosophers, said that the subject deals with “no small matter, but how we ought to live.” This book is an introduction to moral philosophy, conceived in this broad sense.

The subject is, of course, too large to be encompassed in one short book, so there must be some way of deciding what to include and what to leave out. I have been guided by the following thought: Suppose there is someone who knows nothing at all about the subject, but who is willing to spend a modest amount of time learning about it. What are the first and most important things he or she needs to learn? This book is my answer to that question. I do not try to cover every topic in the field; I do not even try to say everything that could be said about the topics that are covered. But I do try to discuss the most important ideas that a newcomer should confront.

The chapters have been written so that they may be read independently of one another—they are, in effect, separate essays on a variety of topics. Thus someone who is interested in Ethical Egoism could go directly to the sixth chapter and find there a self-contained introduction to that theory. When read in order, however, they tell a more or less continuous story. The first chapter presents a “minimum conception” of what morality is; the middle chapters cover the most important general ethical theories (with some digressions as seem appropriate); and the final chapter sets out my own view of what a satisfactory moral theory would be like.

The point of the book is not to provide a neat, unified account of “the truth” about the matters under discussion. That would be a poor way to introduce the subject. Philosophy is not like physics. In physics, there is a large body of established truth, which no competent physicist would dispute and which beginners must patiently master. (Physics instructors rarely invite

undergraduates to make up their own minds about the laws of thermodynamics.) There are, of course, disagreements among physicists and unresolved controversies, but these generally take place against the background of large and substantial agreements. In philosophy, by contrast, everything is controversial—or almost everything. “Competent” philosophers will disagree even about fundamental matters. A good introduction will not try to hide that somewhat embarrassing fact.

You will find, then, a survey of contending ideas, theories, and arguments. My own views inevitably color the presentation. I have not tried to conceal the fact that I find some of these ideas more appealing than others, and it is obvious that a philosopher making different assessments might present the various ideas differently. But I have tried to present the contending theories fairly, and whenever I have endorsed or rejected one of them, I have tried to give some reason why it should be endorsed or rejected. Philosophy, like morality itself, is first and last an exercise in reason—the ideas that should come out on top are the ones that have the best reasons on their sides. If this book is successful, the reader will learn enough that he or she can begin to assess, for himself or herself, where the weight of reason rests.

About the Fourth Edition

Readers familiar with the previous edition of this book may want to know what changes have been made. There are no new chapters, but there are a couple of new sections; and all the chapters have been spruced up to one degree or another, removing infelicities and adding clarifications. Some of the examples had become dated, and those have been updated or replaced. In Chapter 1, there is new information about the Tracy Latimer case; there is also a new section on the recent conjoined-twins case. In several other chapters, illustrative material has been added. New material has been added to the chapter on absolute moral rules. In Chapter 14, there is a new section which further elaborates “what a satisfactory moral theory would be like.”

Howard Pospesl made many suggestions that helped me enormously; it is a pleasure to thank him. Thanks also to Monica Eckman of McGraw-Hill, a wonderful editor.

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What Is Morality?

We are discussing no small matter, but how we ought to live.

SOCRATES, IN PLATO'S *REPUBLIC* (CA. 390 B.C.)

1.1. The Problem of Definition

Moral philosophy is the attempt to achieve a systematic understanding of the nature of morality and what it requires of us—in Socrates's words, of “how we ought to live,” and why. It would be helpful if we could begin with a simple, uncontroversial definition of what morality is, but that turns out to be impossible. There are many rival theories, each expounding a different conception of what it means to live morally, and any definition that goes beyond Socrates's simple formulation is bound to offend one or another of them.

This should make us cautious, but it need not paralyze us. In this chapter I will describe the “minimum conception” of morality. As the name suggests, the minimum conception is a core that every moral theory should accept, at least as a starting point. We will begin by examining some recent moral controversies, all having to do with handicapped children. The features of the minimum conception will emerge from our consideration of these examples.

1.2. First Example: Baby Theresa

Theresa Ann Campo Pearson, an anencephalic infant known to the public as “Baby Theresa,” was born in Florida in 1992. Anencephaly is among the worst congenital disorders. Anencephalic infants are sometimes referred to as “babies without brains,” and this gives roughly the right picture, but it is not quite accurate. Important parts of the brain—the cerebrum

and cerebellum—are missing, as well as the top of the skull. There is, however, a brain-stem, and so autonomic functions such as breathing and heartbeat are possible. In the United States, most cases of anencephaly are detected during pregnancy and aborted. Of those not aborted, half are stillborn. About 300 each year are born alive, and they usually die within a few days.

Baby Theresa's story would not be remarkable except for an unusual request made by her parents. Knowing that their baby could not live long and that, even if she could survive, she would never have a conscious life, Baby Theresa's parents volunteered her organs for transplant. They thought her kidneys, liver, heart, lungs, and eyes should go to other children who could benefit from them. The physicians agreed that this was a good idea. At least 2,000 infants need transplants each year, and there are never enough organs available. But the organs were not taken, because Florida law does not allow the removal of organs until the donor is dead. By the time Baby Theresa died, nine days later, it was too late for the other children—her organs could not be transplanted because they had deteriorated too much.

The newspaper stories about Baby Theresa prompted a great deal of public discussion. Would it have been right to remove the infant's organs, thereby causing her immediate death, to help other children? A number of professional "ethicists"—people employed by universities, hospitals, and law schools, whose job it is to think about such matters—were called on by the press to comment. Surprisingly few of them agreed with the parents and physicians. Instead they appealed to time-honored philosophical principles to oppose taking the organs. "It just seems too horrifying to use people as means to other people's ends," said one such expert. Another explained, "It is unethical to kill in order to save. It's unethical to kill person A to save person B." And a third added: "What the parents are really asking for is: Kill this dying baby so that its organs may be used for someone else. Well, that's really a horrendous proposition."

Was it really horrendous? Opinions were divided. These ethicists thought so, while the parents and doctors did not. But we are interested in more than what people happen to think. We want to know the truth of the matter. In fact, were the parents right or wrong to volunteer the baby's organs for trans-

plant? If we want to discover the truth, we have to ask what reasons, or arguments, can be given for each side. What can be said to justify the parents' request, or to justify thinking the request was wrong?

The Benefits Argument. The parents' suggestion was based on the idea that, because Theresa was going to die soon anyway, her organs were doing her no good. The other children, however, could benefit from them. Thus, their reasoning seems to have been: *If we can benefit someone, without harming anyone else, we ought to do so. Transplanting the organs would benefit the other children without harming Baby Theresa. Therefore, we ought to transplant the organs.*

Is this correct? Not every argument is sound; and in addition to knowing what arguments can be given for a view, we also want to know whether those arguments are any good. Generally speaking, an argument is sound if its premises are true and the conclusion follows logically from them. In this case, we might wonder about the assertion that Teresa wouldn't be harmed. After all, she would die, and isn't that bad for her? But on reflection, it seems clear that, in these tragic circumstances, the parents were right—being alive was doing her no good. Being alive is a benefit only if it enables you to carry on activities and have thoughts, feelings, and relations with other people—in other words, if it enables you to *have a life*. In the absence of such things, mere biological existence is worthless. Therefore, even though Theresa might remain alive for a few more days, it would do her no good. (We might imagine circumstances in which other people would gain from keeping her alive, but that is not the same as her benefiting.)

The Benefits Argument, therefore, provides a powerful reason for transplanting the organs. What are the arguments on the other side?

The Argument That We Should Not Use People as Means. The ethicists who opposed the transplants offered two arguments. The first was based on the idea that *it is wrong to use people as means to other people's ends*. Taking Theresa's organs would be using her to benefit the other children; therefore, it should not be done.

Is this a sound argument? The idea that we should not "use" people is obviously appealing, but this is a vague notion that needs to be sharpened. What, exactly, does it mean? "Using

people” typically involves violating their autonomy—their ability to decide for themselves how to live their own lives, according to their own desires and values. A person’s autonomy may be violated through manipulation, trickery, or deceit. For example, I may pretend to be your friend, when I am only interested in meeting your sister; or I may lie to you in order to get a loan; or I may try to convince you that you will enjoy attending a concert in another city, when I only want you to take me. In each case, I am manipulating you in order to get something for myself. Autonomy is also violated when people are forced to do things against their will. This explains why “using people” is wrong; it is wrong because deception, trickery, and coercion are wrong.

Taking Theresa’s organs would not involve deceit, trickery, or coercion. Would it be “using her” in any other morally significant sense? We would, of course, be making use of her organs for someone else’s benefit. But we do that every time we perform a transplant. In this case, however, we would be doing it without her permission. Would that make it wrong? If we were doing it *against* her wishes, that might be reason for objecting; it would be a violation of her autonomy. But Baby Theresa is not an autonomous being: she has no wishes and is unable to make any decisions for herself.

When people are unable to make decisions for themselves, and others must do it for them, there are two reasonable guidelines that might be adopted. First, we might ask *what would be in their own best interests?* If we apply this standard to Baby Theresa, there would seem to be no objection to taking her organs, for, as we have already seen, her interests will not be affected one way or the other. She is going to die soon no matter what.

The second guideline appeals to the person’s own preferences: we may ask, *if she could tell us what she wants, what would she say?* This sort of thought is often helpful when we are dealing with people who are known to have preferences but are unable to express them (for example, a comatose patient who has signed a Living Will). But, sadly, Baby Teresa has no preferences about anything, and never will have. So we can get no guidance from her, even in our imaginations. The upshot is that we are left to do what we think is best.

The Argument from the Wrongness of Killing. The ethicists also appealed to the principle that *it is wrong to kill one person to save another*. Taking Theresa’s organs would be killing her to save others, they said; so taking the organs would be wrong.

Is this argument sound? The prohibition on killing is certainly among the most important moral rules. Nevertheless, few people believe it is always wrong to kill—most people believe that exceptions are sometimes justified. The question, then, is whether taking Baby Theresa's organs should be regarded as an exception to the rule. There are many reasons in favor of this, the most important being that she is going to die soon anyway, no matter what is done, while taking her organs would at least do some good for the other babies. Anyone who accepts this will regard the main premise of the argument as false. Usually it is wrong to kill one person to save another, but not always.

But there is another possibility. Perhaps the best way of understanding the whole situation would be to regard Baby Theresa as already dead. If this sounds crazy, remember that "brain death" is now widely accepted as a criterion for pronouncing people legally dead. When the brain-death standard was first proposed, it was resisted on the grounds that someone can be brain dead while a lot is still going on inside them—with mechanical assistance, their heart can continue to beat, they can breathe, and so on. But eventually brain death was accepted, and people became accustomed to regarding it as "real" death. This was reasonable because when the brain ceases to function there is no longer any hope for conscious life.

Anencephalics do not meet the technical requirements for brain death as it is currently defined; but perhaps the definition should be rewritten to include them. After all, they also lack any hope for conscious life, for the profound reason that they have no cerebrum or cerebellum. If the definition of brain death were reformulated to include anencephalics, we would become accustomed to the idea that these unfortunate infants are born dead, and so we would not regard taking their organs as killing them. The Argument from the Wrongness of Killing would then be moot.

On the whole, then, it looks like the argument in favor of transplanting Baby Theresa's organs is stronger than these arguments against it.

1.3. Second Example: Jodie and Mary

In August 2000, a young woman from Gozo, an island near Malta, discovered that she was carrying conjoined twins. Knowing that health-care facilities on Gozo were inadequate to deal

with the complications of such a birth, she and her husband came to St. Mary's Hospital in Manchester, England to have the babies delivered. The infants, known as Mary and Jodie, were joined at the lower abdomen. Their spines were fused, and they had one heart and one set of lungs between them. Jodie, the stronger, was providing blood for her sister.

No one knows how many sets of conjoined twins are born each year. They are rare, although the recent birth of three sets in Oregon led to speculation that the number is on the rise. ("The United States has very good health care and very poor record keeping," commented one doctor.) The causes of the phenomenon are largely unknown, but we do know that conjoined twins are a variant of identical twins. When the cell-cluster (the "pre-embryo") splits three to eight days after fertilization, identical twins are created; when the split is delayed a few days longer, the division may be incomplete and the twins may be conjoined.

Some sets of conjoined twins do well. They grow to adulthood and sometimes marry and have children themselves. But the outlook for Mary and Jodie was grim. The doctors said that, without intervention, they would die within six months. The only hope was an operation to separate them. This would save Jodie, but Mary would die immediately.

The parents, who are devout Catholics, refused permission for the operation on the grounds that it would hasten Mary's death. "We believe that nature should take its course," said the parents. "If it's God's will that both our children should not survive then so be it." The hospital, believing it was obliged to do what it could to save at least one of the infants, asked the courts for permission to separate them despite the parents' wishes. The courts granted permission, and on November 6 the operation was performed. As expected, Jodie lived and Mary died.

In thinking about this case, we should separate the question of *who should make the decision* from the question of *what the decision should be*. You might think, for example, that the decision should be left to the parents, in which case you will object to the court's intrusion. But there remains the separate question of what would be the wisest choice for the parents (or anyone else) to make. We will focus on the latter question: Would it be right or wrong, in these circumstances, to separate the twins?