



# *The Elements of Moral Philosophy*

*Third Edition*

JAMES RACHELS



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JAMES RACHELS

*University of Alabama at Birmingham*

 **McGraw-Hill  
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## THE ELEMENTS OF MORAL PHILOSOPHY

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## *About the Author*

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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).

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# *Preface*

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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 so that he or she can begin to assess, for himself or herself, where the weight of reason rests.

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## *About the Third Edition*

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Readers familiar with previous editions of this book may want to know what changes have been made. The most conspicuous change is that a chapter on feminist ethics has been added. Other changes have been made here and there, mostly adding material on different topics, but the only chapter that has been substantially altered is the concluding chapter on “What Would a Satisfactory Moral Theory Be Like?” My opinion about the proper answer to that question has changed since the second edition, and the revised chapter reflects that.

A number of people have given wise and generous advice. I have to thank especially Joseph L. Lombardi, Don Marquis, Robert J. Deltete, Donald N. McCloskey, Rick Gordon, Heather J. Gert, Kevin M. Clermont, William O. Stephens, J. Angelo Corlett, David Phillips, Hal Walberg, Mark Franklin, David Johnson, Jonelle DePetro, and James Baley.

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# *What Is Morality?*

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

SOCRATES, AS REPORTED BY PLATO IN THE *REPUBLIC* (CA. 390 B.C.)

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## **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, therefore, 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 what I call 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. The features of the minimum conception will emerge from our consideration of these examples.

## **1.2. An Infant with No Prospects: 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, 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, and by the time Baby Theresa had 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? These commentators 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 transplant? 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 they were 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:

- (1) If we can benefit someone, without harming anyone else, we ought to do so.
- (2) Transplanting the organs would benefit the other children without harming Baby Theresa.
- (3) Therefore, we ought to transplant the organs.

Is this a sound argument? It may be objected that removing the organs would harm Theresa, because without them she would die. But that seems like a very superficial view of the matter. Being alive is a benefit only if it enables one to carry on activities and have thoughts, feelings, and relations with other people. 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.) But suppose we were to concede, for the sake of argument, that keeping Theresa alive would benefit her. Even if this were true, it would do her only a little good, while transplanting the organs would do so much more good for the other children that, everything considered, it still might be best to perform the transplants.

Therefore, the Benefits Argument 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 commentators who opposed the transplants offered two arguments. The first went like this:

- (1) It is wrong to use people as means to other people's ends.
- (2) Taking Baby Theresa's organs would be using her as a means to other people's ends (specifically, as a means to benefiting the other infants).
- (3) Therefore, taking Baby Theresa's organs would be wrong.

Is this a sound argument? The idea that we should not “use” people is obviously appealing, but it is vague and needs to be sharpened. “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 go so that I can ride with you. 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. But nothing like this is involved in the case of Baby Theresa.

Would transplanting Baby Theresa’s organs be “using her” in any morally important sense? We would, of course, be making use of her organs for someone else’s benefit. But there is nothing wrong with that; 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. There are some guidelines that might be adopted when someone is incapable of forming a preference of her own. We could ask what would be in her own best interests, or we could ask what she would decide if she were capable of making a rational choice. In either instance, it is reasonable to think that transplanting the organs would be acceptable.

**The Argument from the Wrongness of Killing.** A second argument suggested by the commentators was this:

- (1) It is wrong to kill one person to save another.
- (2) Taking Baby Theresa’s organs would be killing her to save others.
- (3) Therefore, taking Baby Theresa’s organs would be wrong.

Is this argument sound? The prohibition on killing is certainly among the most important moral rules. Nevertheless, few peo-

ple believe it is always wrong to kill—most people believe that exceptions are sometimes justified. The question is whether taking Baby Theresa’s organs should be regarded as a justified 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; and lacking a brain, her life is of no use to her anyway. Anyone who accepts this will regard the first premise of this 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 could continue to beat, they could 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 even profounder reason that they have no cerebrum or cerebellum. If the definition of brain death were reformulated to include anencephalics, we would soon 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 either of these arguments against it.

### **1.3. An Infant with Uncertain Prospects: Baby Jane Doe**

In 1983 a much more intense controversy arose over an infant known as Baby Jane Doe. This unfortunate baby, born in New



York State, suffered from multiple defects including spina bifida (a broken and protruding spine), hydrocephaly (excess fluid on the brain), and perhaps worst of all, microcephaly (an abnormally small head, suggesting that part of the brain was missing). Surgery was needed for the spina bifida; however, the doctors who examined the baby disagreed about whether the operation should be performed. Dr. George Newman believed that surgery would be pointless because the baby could never have a meaningful human life. Another physician, Dr. Arjen Keuskamp, did not think the baby's condition was hopeless and advised immediate surgery. (Both were pediatric neurologists.) Caught between conflicting medical opinions, the parents decided to accept Dr. Newman's recommendation and refused permission for surgery. Dr. Keuskamp then withdrew from the case.

Such decisions have become relatively common in recent years, as parents and doctors have increasingly chosen not to treat hopelessly defective newborns. As medical technology has advanced, we have developed methods of "saving" babies that in earlier times would have died, and this has raised the question of whether such methods should always be used. One doctor, Anthony Shaw, writing in the *New England Journal of Medicine* in 1973, expressed his worry like this:

Each year it becomes possible to remove yet another type of malformation from the "unsalvageable" category. All pediatric surgeons, including myself, have "triumphs"—infants who, if they had been born 25 or even five years ago, would not have been salvageable . . . But how about the infant whose gastrointestinal tract has been removed after volvulus and infarction? Although none of us regard the insertion of a central venous catheter as a "heroic" procedure, is it right to insert a "lifeline" to feed this baby in the light of our present technology, which can support him, tethered to an infusion pump, for a maximum of one year and some months?

Dr. Shaw believed that this would be more a misuse than a use of the new technology. Similarly, the parents of Baby Jane Doe felt that aggressive treatment for their child would be pointless.

Because such cases have become common, the plight of Baby Jane Doe would not have received much attention had it not been for the intervention of third parties. Shortly after the parents made their decision, Lawrence Washburn, a lawyer as-