

Global Ethics and Ethical Relativism



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Global and Cultural Ethics

- Culture encompasses many components including language, spiritual beliefs, behaviors, customs and objects.
 - Cultures develop their own moral and behavioral norms
 - Culture can also demonstrate the way a group thinks, their practices, or behavioral patterns, or their views of the world.
- Why there is a need for cultural considerations in bioethical considerations
 - ***“Writing in the 1990s, Hunter suggested that the United States was locked in a competition to define social reality that involved a unique realignment in American politics based upon conflicting beliefs about what we are as human beings and who we are as a nation. Unlike past cultural clashes, typically fought along class, religious, or political party lines, the contemporary one, according to Hunter, was being waged along unfamiliar lines defined by conceptions of reality and transcendent values.”***
 - Barry, Vincent. Cengage Advantage Books: Bioethics in a Cultural Context: Philosophy, Religion, History, Politics (p. 5). Cengage Textbook. Kindle Edition.
 - Power differentials
 - Inequities by race, gender and culture

An Example of Cultural Differences

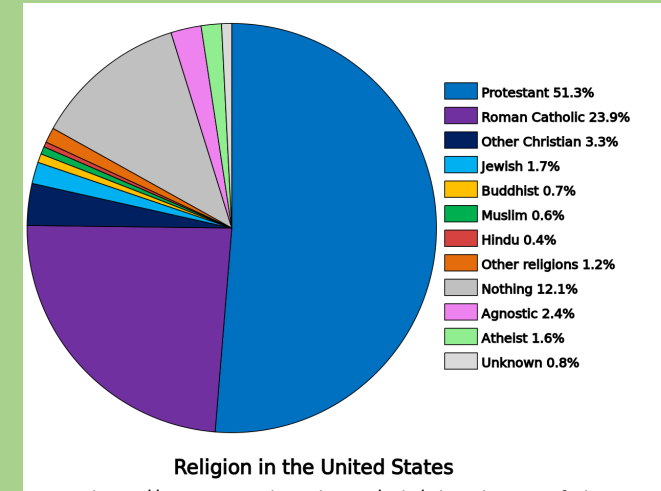
- Ngan, OMY, Bergstressor, SM, Sanip, S, Emdadul Haque, ATM, Chan, HYL, and Au, DKS. 2020. Cultural consideration in forgoing enteral feeding: A comparison between the Hong Kong Chinese, North American and Malaysian Islamic patients with advanced dementia at end-of-life. *Developing World Bioethics*. 20:105-114.
- **In this discussion the authors assumes a patient with advanced dementia has come to end-stage of life who has lost heir swallowing ability.**
 - end stage patients can no longer communicate, maintain bodily functions, and are no longer capable to recognize food. Over time the they lose the ability to swallow with assisted feeding
 - How do clinicians and family analyze enteral tube feeding?

Chinese Cultural Belief and Factors That Influence Analyses and Decision

- Confucian Moral Philosophy
 - Filial piety and respect
 - Honors longevity and life preservation
 - Food is symbolic of family love and caring
 - Food is an essence of life
 - An underlying positive view “dying with a full stomach”
 - Eating not only meets a physiological need but a also a psychological need
 - Eating is viewed as a blessing
- Society approves the use of medical intervention to prolong life
- Social pressure: “*Choosing not to initiate tube feeding can be a morally agonizing time as family members might be judged by how adequately their parents are fed.*”
- Taboo to discuss death
 - Observe a lack of long-term care planning
- In Hong Kong there is no legal status for surrogate decision making
 - Cultural practice of family involvement
- **Must do feeding tube ethically**
- **Most families choose to initiate tube feeding**
- **Most Clinicians decide to initiate tube feeding**

North American “Cultural” Belief and Factors That Influence Analyses and Decision

- History of migration has led to a diverse culture in which there is not a unitary culture of bioethical/moral view.
 - Major religion is Protestant Christianity
 - Roman Catholic doctrine has had a tremendous impact
 - Sanctity of life – ordinary vs. extraordinary
 - Seen as ordinary and required
 - Jewish moral view
 - May be withheld
 - Culture of biomedical and technology influence
 - Technology the norm with emphasis of acceptance
 - Emphasis of clinical evidence for best practice
 - Society emphasizes quality of life, comfort and dignity as a goal of treatment
 - Cultural humility?
 - Respect for minority beliefs in many areas but not all.
- Interesting to see how outsiders see our culture
- No clear comment on what factors pre-dominate
- No clear answer on feeding tube
- Sees U.S. as a workshop



Religion in the United States
https://commons.wikimedia.org/wiki/File:Religions_of_the_United_States_pie_chart.svg

Malaysian Cultural Belief and Factors That Influence Analyses and Decision

- Though somewhat ethnically diverse, Malaysia is predominantly Muslim
 - Has both Shiite and Suni Muslims (some differences)
 - The sanctity of life is paramount
 - Human bodies are a blessing from God
 - Life must be protected and preserved even if it has poor quality
 - Saving a life is an obligation
 - The oath of a Muslim physician demands the protection of life in all circumstance as a moral duty.
 - A physician must treat and initiate a feeding tube unless the family counter demands
 - Refusal by patient of feeding tube would be considered suicide
 - From Islamic perspective, the principle rule that governs terminally ill patient is do no harm.
- There is a duty to feed people who can no longer feed themselves.
- Generally must do feeding tube with a little wriggle room.

Ethical Relativism

- Truth and knowledge are a human construct as then are moral judgements.
- The truth or falsity of moral judgments is therefore not absolute or universal, but is relative to the traditions, convictions, or practices of a group of persons.
- Ethical relativism is the theory that holds that morality is relative to the norms of one's culture. That is, whether an action is right or wrong depends on the moral norms of the society in which it is practiced. The same action may be morally right in one society but be morally wrong in another
- David Hume (1711–76), claimed that moral beliefs are based on “sentiment,” or emotion, rather than on reason.
- You have your way. ***I have my way. As for the right way, the correct way, and the only way, it does not exist.***
 - Friedrich Nietzsche
- Beginning in the 1960s and '70s, ethical relativism was associated with postmodernism.
 - Postmodernist question the very idea of objectivity as a dubious invention of the modern
- Responds to arguments concerning power, relational responsibility, and violence.
 - ***For a postmodern bioethics, the ethical lies not in doing the proposed “right thing,” whatever that may be, but in adopting a critical perspective toward healthcare, acknowledging that practices invariably privilege some people over others.***
 - Gibson D. 2015. *Toward a Postmodern Bioethics*. *Cambridge Quarterly of Healthcare Ethics*. 24: 175–184
- Moral relativists argue that there is more than one valid system of morality.
- No moral framework is objectively privileged as the one true morality.
- How does one choose a framework then?

- How does one choose a framework then?
 - The individual
 - A group
 - The culture
- You have your way I have my way as for the right way the correct way and the only way it does not exist
 - Frederick Nietzsche
- Ethical relativism reminds us that different societies have different moral beliefs and that our beliefs are deeply influenced by culture . It also encourages us to explore the reasons underlying beliefs that differ from our own, while challenging us to examine our reasons for the beliefs and values we hold
 - Claire Andre and Manuel Velasquez
- It is possible that the distinction between moral relativism and moral absolutism has sometimes been blurred because an excessively consistent practice of either leads to the same practical result ruthlessness in political life.
 - Richard Hofstadter

- **Benefits**
 - allows for a wide variety of cultures and practices
 - Is a tolerant position
 - Acknowledges that no common moral code found and no standard to judge claims
 - Strong opposition to cultural chauvinism
 - **Moral Relativism Promotes Tolerance**
- Takes out of religious absolutism
- **Disadvantages**
 - **Negates that there is truth**
 - To say that it is morally right or wrong to do or refrain from doing something is to imply that it is so under all other similar circumstances, irrespective of place, time, and sociocultural context.
 - Relativism Implies that Obvious Moral Wrongs are Acceptable
 - Can one take a moral action if everything must be tolerated
 - Tower of Babel and moral anarchy

You are a resident in a clinical discipline in Canada and are undertaking a global health elective that places you in a clinic based project on HIV care in rural Nepal. Your university has a long standing relationship with a local Non-Governmental Organization (NGO) that has been providing free HIV testing and distribution of anti-retrovirals in the community for the past five years. The testing reagents and medications come from the government but the university funds the local NGO partner to provide some infrastructure support for the clinical care which is part of a larger primary health care program. All patients are supposed to be given free access to confidential HIV testing, counselling and treatment. During your first week you notice that the physician who is the clinic director occasionally takes a patient out to the back of the clinic for a conversation that appears to be awkward. After seeing this a few times you pay more attention and notice that the patient slips money to the director. What is going on? You make some inquiries among the staff but nobody is willing to talk to you about the conversations or the Director. Eventually a lab tech tells you that the director sometimes asks for money from patients in exchange for “keeping the secret”. You realize that in order for the patient’s diagnosis to be kept confidential they are being asked to pay a bribe. You are outraged and upset. Then the lab tech tells you that the director selects only the wealthy patients for this process and that he puts the money back into the clinic. The amount of medication provided by the government is sufficient only for half of the patients who utilize the clinic for testing and treatment. Without the extra money the clinic could not continue to test and treat all the people in the area for HIV. You know that your university is the major donor for this project and that the Faculty is very proud of the extensive work in HIV being done under its support. In fact, it is a flagship interdisciplinary global health project for Infectious Disease, Internal Medicine and Family Medicine. What will you do?

You have arrived in Mali, West Africa on your first medical mission trip. Your medical team consists of two physicians (one of whom serves as your medical director), a physician assistant, a pharmacist (you), one of your pharmacy student interns, and a nurse.

The village has not only welcomed your team to the village but has treated you as honored guests. Over the weeks, the clinic your team has worked in has been highly successful and you have treated nearly 120 patients for malaria and various other tropical diseases.

One evening, your team is invited to an enormous village celebration with feasting and dancing. As you are enjoying yourself, one of your team members quietly comes up to you and tells you the celebration is to honor a village girl who will undergo FGC in the morning.

Your team gathers back at your bunk house to discuss the situation and what you all should do. Frankly, most of you are angry with your medical director for not informing you beforehand this was a situation the team could possibly find itself in. The team is divided as to what to do. However, it is clear to all team members that they are working in a culture that they do not understand.

In the end, the team cannot come to any agreement about what to do. You go to bed for the night and try in vain to get some sleep under your bed net. The next morning, you go to clinic as usual and try to act like nothing has happened.

Calvin and Hobbes

BY **WATSON**



GET WHAT YOU CAN WHILE
THE GETTING'S GOOD - THAT'S
WHAT I SAY! MIGHT MAKES
RIGHT! THE WINNERS WRITE
THE HISTORY BOOKS!

