

Aristotle's ethics and politics: reflections on bioethics and the contemporary state

Ana Iltis

Wake Forest University, Department of Philosophy, Center for Bioethics, Health & Society
Tribble Hall B301, P.O. Box 7332, Winston-Salem, NC 27109, USA

Abstract. For Aristotle, ethics and politics are inseparable. The polis is essential to fostering the good life and exists for a moral purpose. Contemporary bioethics in the west reflects an account of the state that, like Aristotle's state, has a substantial role to play in enforcing an account of the good life. Bioethics in the west has its origins largely in the political setting and remains politically oriented. Efforts to describe a common morality that transcends particular religious commitments dominate much of the bioethics literature and the work of public bioethics. Such efforts have failed, and the result is a politically active bioethics that seeks to use the authority of the state to enforce a particular account of the good life. This account of the good life rejects and undermines many religious commitments, despite claiming to be universal and neutral. This happens both at the national level and at the international level through various organizations such as the United Nations. In the west we inherited a view from Aristotle that the politics and ethics are intimately connected and that the state should foster the good life. This view of the state has been applied inappropriately in light of the fact that the contemporary state has little in common with Aristotle's polis. We should be cautious of contemporary bioethics' efforts to promulgate a common morality through the secular state.

Keywords: Aristotle, bioethics, common morality, ethics, polis, politics

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About the author

Ana Iltis – Ph.D. in Philosophy, Professor, Department of Philosophy, Center for Bioethics, Health & Society, Wake Forest University, Winston-Salem (USA). E-mail: iltisas@wfu.edu

Ethics and Politics in Aristotle: Inseparable

For Aristotle, ethics and politics are inseparable. Ethics refers to an account of how we ought to live – of what constitutes the good life. Politics refers to an account of the good state. The state – the polis – is essential to fostering the good life. The polis ultimately exists to foster the good life. The first line of the *Politics* establishes this:

Since we see that every city is some sort of partnership, and that every partnership is constituted for the sake of some good (for everyone does everything for the sake of what is held to be good), it is clear that all partnerships aim at some good, and that the partnership that is most authoritative of all embraces all the others does so particularly, and aims at the most authoritative good of all. This is what is called the city of the political partnership [1, 1252a1-6].

Much evidence for the connection between the polis and the good life is found both in the

Nichomachean Ethics and in the *Politics*. For example:

...the city is a partnership of similar persons, for the sake of a life that is the best possible ([1, 1328a35].

Since we happen to be investigating concerning the best regime, and this is the one in accordance with which the city would be happy above all, and since it was said earlier that happiness cannot be present apart from virtue, it is evident from these things that in the city that is most finely governed – one possessing men who are just unqualifiedly and not in relation to a presupposition – the citizens should not live a vulgar or a merchant's way of life, for this sort of way of life is ignoble and contrary to virtue [1, 1328b34-40].

Living well, then, is the end of the city... [1, 1280b39]

It belongs to the excellent legislator to see how a city, a family of human beings, and every other sort of partnerships will share in the good life and in the happiness that is possible for them [1, 1325a7-10].

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The partnership arising from [the union] of several villages that is complete is the city. It reaches a level of full self-sufficiency, so to speak; and while coming into being for the sake of living, it exists for the sake of living well [1, 1252b27-30].

We also see that even the most honored capacities – for example, generalship, household management, rhetoric – fall under the political art. Because it makes use of the remaining sciences and further because it legislates what one ought to do and what to abstain from, its end would encompass those of the others, with the result that this would be the human good. For even if this is the same thing for an individual and the city, to secure and preserve the good of the city appears to be something greater and more complete: the good of the individual by himself is certainly desirable enough, but that of a nation and of cities is nobler and more divine [2, 1094b3-10].

For Aristotle, questions of ethics – of how we ought to live – are closely connected to the state. Understanding the nature of the good life is the work of ethics, and it is the work of politics to make it possible for individuals to flourish – to live the good life.

The (Political) History of Bioethics

Contemporary bioethics in the west reflects an account of the state that, like Aristotle's polis, has a substantial role to play in enforcing an account of how we ought to live. Bioethics in the west has its origins largely in the political setting and regarding political questions, and bioethics in the west remains intensely political.

The origins of contemporary bioethics in the west can be traced to several different events and changes. One of these is social upheaval and rejection of traditional religious commitments. During the 1960s, in the US and in many other countries in the west there was a significant change in religious and cultural commitments. The Roman Catholic Church was going through Vatican II, a council that radically changed that church. There was a dramatic decline in the number of priests and nuns, the interior of their churches were radically changed, and many religious sisters/nuns stopped wearing religious clothing, among many other changes. The Civil Rights Movement in the United States sought to secure equal rights for black citizens. Even after slavery was abolished in the United States, black

citizens suffered discrimination in virtually all realms of society, from education to healthcare, employment, and voting, among others. The feminist movement sought to secure equal rights for women in society. In general, there was a turning away from religion. People used to turn to priests, rabbis, and ministers to help answer moral questions. Upon rejecting their faith, many had nowhere to turn.

These are only a few examples; it was a time of significant social change that left many people outside traditional family and religious structures. These changes paved the way for questioning long-standing moral commitments. One of the best examples of this was the radical change in laws regarding abortion in the US. The 1973 US Supreme Court decision of *Roe v. Wade* held that the privacy protections offered by the 14th amendment of the US Constitution extended to women's decisions to have an abortion, at least during the first trimester of pregnancy [3]. We continue to see the effects of this period in the modern-day culture wars. The term 'culture wars' refers to deep and seemingly intractable disagreements over moral and social questions that persist over time [4].

At the same time that these social changes were occurring, rapid advances in medicine generated new questions and challenges. For example, ventilators and other forms of intensive care made it possible to keep patients alive who would have died in a previous era. In many cases, there was no prospect of recovery, yet these patients could be kept alive for an extended period of time because of new technology. This led to questions about whether or not it was permissible to stop treatment knowing that a patient would like to die [5]. This was the case of Karen Ann Quinlan. In 1975, Miss Quinlan collapsed after taking drugs and was hospitalized in a coma. She remained in a coma and on a ventilator for several years. Because there was no prospect of recovery, her parents sought to have her ventilator removed. The hospital and physicians involved in her care were concerned that if they removed the ventilator they would be charged with causing her death. The parents went to court to seek permission to remove the ventilator and, in 1976, the New Jersey Supreme court ruled that it was permissible to withdraw life-sustaining treatment under these circumstances [6]. When the ventilator was

removed, Miss Quinlan continued breathing on her own and died in 1985.

Not only was it possible to keep patients alive, but advances in organ transplantation led to questions about when and how one could harvest organs for transplantation. It became clear that organs that did not get enough oxygenated blood would not be useful after transplantation. The question was how to obtain organs that had not suffered damage out of one person and into another. Because many patients were being kept alive in newly developed intensive care units despite no prospect of recovery, some physicians and others began to ask whether some of those patients might already be dead even though their bodies were alive in the sense that they were breathing and circulating oxygenated blood because of medical support. If they were dead already even though their bodies were being maintained, would it be permissible to take out their organs, thus avoiding damage to the organs? These discussions led to the Harvard Ad Hoc Committee that studied irreversible coma. Their famous 1968 report described what we now call brain death or death diagnosed using neurological criteria [7]. The Presidential Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, which met from 1978-1983), published a report in 1981 entitled *Defining Death* [8]. That report led to the development of the Uniform Determination of Death Act. A version of the UDDA has passed in all 50 states of the US. It allows for people to be declared dead either when they experience “(1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brain stem, is dead” [9].

By the 1980s in the United States, we had a society that had rejected its traditional sources of moral guidance – namely religion – yet had more questions than ever before. Many other countries in the west faced similar circumstances.

In addition to social upheaval and medical advances, in 1972 a newspaper in the United States reported on the United States Public Health Service Tuskegee Syphilis Study [10]. This study had been going on since 1932. In this study, poor black men in the rural South who already had syphilis were recruited to be in a study about syphilis. The study was primarily observational. Researchers would observe the men over many years to see what effects

syphilis had on their bodies. When the study began in 1932, there was no effective treatment for syphilis. But after World War II ended, penicillin was widely available and known to treat syphilis. The men in the study were denied access to penicillin. Their syphilis was left untreated for many decades until a newspaper reporter learned about the study and published an article recounting the details. The knowledge that physicians and nurses had knowingly denied these poor black men access to basic medical care for several decades led the US Congress to pass the National Research Act [11]. This Act did a number of things, but one of the things most important for contemporary bioethics was that it appointed the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. This commission was told to identify the principles for the ethical conduct of research. Over several years, this group met and identified three principles that continue to be very important in research ethics in particular and in bioethics more generally: respect for persons, beneficence and justice [12]. The work of the National Commission is an example of an attempt to identify a common morality.

The National Commission’s principles and many of its other recommendations were turned in to federal regulations that continue to govern research in the United States. Many other countries have similar laws and regulations.

We see in all of these examples that bioethics in the west largely was born in the political realm. In some cases the state called forth the development of a common morality, as in the case of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. A secular political bioethics emerged. It attempted to secure a substantive account of how we ought to live without reference to God or any deep metaphysical commitments. The idea was that even though society largely had rejected God and all sources of traditional morality, we could still agree on an account of ethics. There was a desire to develop and offer moral guidance that could transcend differences and survive the rejection of God. This account of morality was and is called the “common morality.”

Many different people in bioethics have described the common morality, but the most well-known account in contemporary bioethics

in the west is offered by Tom Beauchamp and James Childress. They contend that the common morality is universal and that it is neutral in the sense that it is acceptable regardless of other commitments one might hold. In other words, they recognize that some people still believe in God and that many people do not. Among those who believe in God, there are people who hold very different views. Beauchamp and Childress argue that those differences do not matter at the level of ethical principles. They say that anyone who is morally serious shares certain views about morality: "The common morality is the set of norms shared by all persons committed to morality" [13, p. 3]. There are some principles in the common morality that are particularly important in biomedical ethics: respect for persons, beneficence, nonmaleficence, and justice. These shared views can be used to answer questions about what we ought to do when questions arise in bioethics.

The common morality is supposed to be neutral (in the sense that any morally serious person can accept it, whether or not he believes in God) and secular (in the sense that one does not have to believe in God to accept it). The hope is that this makes the common morality universal.

These claims to have discovered a universal morality that is neutral and secular are false. The idea is that one can appeal to reason to identify a shared morality that transcends particular religious and cultural commitments. But, as H. Tristram Engelhardt, Jr. has stated, "Appeals to rationality have turned out to be appeals to a particular form and way of life asserted to hold the convictions of most contemporary educated persons. The argument then is made not from a timeless understanding of rationality, but rather from a particular understanding of proper, common governance embedded in a particular view of the reasonable" [14, p. 179].

Appeals to the common morality are appeals to some particular group's account of what is rational and of what reasonable people ought to believe. Defenders of the common morality presuppose a substantive morality and articulate it as if it reflected a shared set of eight commitments universal rational persons hold. Even if people disagree about particular applications of the common morality, the claim is that there are shared moral commitments across religions,

socio-cultural commitments, and ethnic group. They do not, as they claim, discover a universal, shared morality that transcends particular moral commitments. Even where we find people agreeing on the basic contours of a proposed common morality, attempts to address real moral problems in those terms reveal that below the surface-level agreement lie substantive moral differences. For example, if we all say that we agree that it is important to respect the principle of beneficence and promote the good, we quickly learn that people have radically different accounts of what is good. Is it good, for example, to allow euthanasia and "death with dignity"? Or is killing patients intentionally always evil? Is access to abortion good for women, or is it an egregious act that involves the wrongful killing of innocents? Is it good to tell patients the truth about their medical conditions, or is sometimes wrong to impose that additional burden on patients?

Much of the work done in bioethics in the west claims to be able to offer pronouncements that allegedly apply to all persons and often seeks to use the force of the state to legislate a particular account of the good life.

Contemporary Bioethics and the State

The view that there is a universally accessible and shared morality that transcends religious and other differences together with the view that the state has a substantial role to play in shaping how we live has led to a politically active bioethics that seeks to enforce a particular account of the good life through the state. It does this while claiming to be neutral and universal. We see this attempt to secure a particular account of morality both through the state and through international organizations, such as the United Nations, that use various forms of pressure to achieve their goals.

The use of assisted reproductive technologies, such as in vitro fertilization (IVF), and gestational surrogacy as well as adoption by single individuals or homosexual couples to build families has been the focus of litigation. Much of the bioethics literature argues that physicians and clinics providing fertility services, and adoption agencies, should be prohibited from denying services to anyone based on their sexual orientation. This means that physicians and adoption agencies who are committed to the view that, whenever possible, children should be

raised in households with one mother and one father, should be obligated to help single persons and homosexual couples to build families. For example, in California, a lesbian patient sued a fertility clinic after she was denied IVF services because she was a lesbian and the physician objected to helping her have a child. The California Supreme Court ruled that physicians could not refuse to help a homosexual individual have children through the use of fertility technologies even when doing so violates the physician's religious commitments [15].

Adoption agencies have faced similar requirements, with many states telling agencies that they must place children for adoption with homosexual couples. In the United States, the Roman Catholic Church sponsors many adoption agencies through Catholic Charities. Many of these adoption agencies have closed and stopped placing children for adoption altogether to avoid violating the moral teachings of the Roman Catholic Church [16]. These are examples of using the force of the state to impose a particular account of the good life even though the account is contrary to how many people understand we ought to live.

Consider also the United Nations Convention on the Rights of the Child [17]. This document, along with others (such as the American Academy of Pediatrics guidelines on informed consent and children [18]) reflect views about the family and the authority of parents that defy many traditional religious commitments by granting children significant authority over themselves. For example, the Convention says that "The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice" [17, Article 13.1]. And, "State Parties recognize the important function performed by the mass media and shall ensure that the child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health" [17, Article 17].

The implications of this are significant. It suggests that parents do not have the authority to restrict their children's access to information in

order to protect their religious commitments. For example, parents must allow their children to read information about other religions or that is anti-religious, thereby undermining their efforts to raise their children as they believe is correct. With respect to physical health, parents might be required to give their children access to information or services that they find morally objectionable. For example, many people think that it is a good idea for teenagers to have access to birth control because this is an effective way to reduce the incidence of teen pregnancy. Must parents give their access to that information? Many people defend the authority of children over themselves on the grounds that they can make decisions as well as adults can [18, 19]. These claims about children's decision-making capacities are highly controversial [20, 21]. Others claim that public health requires that we allow teens to access contraception without parental involvement. The thought is that this is the best way to reduce the teen pregnancy rate. Even if access to contraception does, in fact, reduce the incidence of teen pregnancy, to prioritize these claims over claims that parents have authority over their children is to assume the some views, goals, and commitments are more important than others. It is to assume that certain ends justify these means, and that certain ends are good and ought to be promoted.

All of those are value-laden, political views that require some people to suspend and violate their moral commitments. Yet there are strong efforts within bioethics to use the authority of the state and the political force of international conventions to promote particular accounts of the good life.

Conclusion

In the west, we inherited from Aristotle a view that the polis – the state – has an important role to play in ethics. The state today has little in common with Aristotle's polis, which was small and had the realistic possibility of being a moral community. Aristotle warned of the dangers of an over-sized polis: "A ship that is a foot long, for example, will not be a ship at all, nor one of twelve hundred feet, as it approaches a certain size it will make for a bad voyage, in the one case because of smallness, in the other because of excess. Similarly with the city as well, the one that is made up of too few persons is not self-sufficient,

though the city is a self-sufficient thing, while the one that is made up of too many persons is with respect to the necessary things self-sufficient like a nation, but it is not a city; for it is not easy for a regime to be present” [1, 1326a40-b5].

Aristotle’s view of the relationship between ethics and politics is untenable in large states

made up of diverse moral communities. It certainly is untenable across nation-states. Contemporary bioethics in the west uses claims about the common morality to suggest that there is a shared, universal morality and then attempts, often successfully, to use the force of the state to deploy that account of morality.

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About the author

Ana Lucia Smith Iltis – Ph.D. in Philosophy, Professor, Department of Philosophy, Center for Bioethics, Health & Society, Wake Forest University, Winston-Salem (USA).