Morality, Roles and Prudence

Michael Beaty

This is an unpublished conference paper for the 5th Annual Jubilee Centre for Character and Virtues conference at Oriel College, Oxford University, Thursday 5th – Saturday 7th January 2017.
These papers are works in progress and should not be cited without author's prior permission.

Jubilee Centre for Character and Virtues
University of Birmingham, Edgbaston, Birmingham, B15 2TT United Kingdom
T: +44 (0) 121 414 3602 F: +44 (0) 121 414 4865
E: jubileecentre@contacts.bham.ac.uk W: www.jubileecentre.ac.uk

Morality, Roles and Prudence
(Not to be distributed without the author's permission)

Interest in the virtues and vices have enjoyed resurgence over the last several decades.[1] Many of those interested in the virtues and their importance for a robust account of morality, rely on Aristotle and Aquinas in getting their bearings. I endorse many of the primary features about this neo-Aristotelian trajectory, but with one important qualification. This paper points to the importance of roles in a life well lived – a good human life.

In what follows, I briefly sketch a role-sensitive understanding of some social roles[2] and offer some positive reasons for endorsing the notion of morally salient roles. In an effort to illustrate both the richness and the usefulness of appeal to moral roles for teaching moral philosophy, I apply my account of morally salient roles to a case found in a commonly used text in medical ethics and recount how students in some of my classes have responded to the case. Finally, I appeal not only to roles, but also to prudence and imprudence to explain certain features of the case.

I

Aristotle claimed that a virtue makes its possessor and the possessor's characteristic activity good. More specifically, according to Aristotle, virtue is a state that makes a human being good and enables him or her to perform our characteristic work or function well.[3] Similarly, Aquinas says that "virtue is what makes it possessors and their activity good" and adds that they are among a human being's perfections."[4] Both Aristotle and Aquinas agree that the human virtues are necessary conditions of a good human life, a life characterized by happiness or human flourishing. Put another way, the exercise of a set of human virtues are both a means to, and a constituent of, human flourishing.

On Aristotle's view, intrinsic to our common human nature are certain powers and states (dispositions), the sufficient developments of which are properly identified as virtues. But there is another way to think about the importance of virtues for a good human life, a way that is consistent with Aristotle's account.[5] Both Aristotle and Aquinas emphasized that human beings

---

[1] For a useful accounts of the retrieval of the virtue tradition see, Rosalind Hursthouse and Glen Pettigrove, "Virtue Ethics", *The Stanford Encyclopedia of Philosophy* (Winter 2016 Edition), Edward N. Zalta (ed.), forthcoming URL = <https://plato.stanford.edu/archives/win2016/entries/ethics-virtue/; See also "Resurgence of the Virtues," Kevin Timpe and Craig Boyd A. Boyd in Timpe and Boyd, editors. *Virtues and Their Vices* (Oxford: Oxford University Press, 2014), 1-34.

[2] The account of the moral life I offer is role-sensitive and beneficiary-focused. For a more robust account of this view, among other essays, see Also, Jorge Garcia, "Moral, Roles, and Reasons for Action," *Critica*, vol. 17, No. 50 (August 1985), 29-43 and also, J. L. A. Garcia, "Practical Reason and its Virtues," from Oxford Scholarship Online (www.oxfordscholarship.com).

[3] NE 1106a 15-16.

[4] Aquinas, *Disputed Questions on the Virtues*, Translated by Hause and Murphy, 25, 38.

[5] The approach I am suggesting is not only consistent with Aristotle's account, but in some ways merely a proper development of it. In *After Virtue*, before presenting his own account, MacIntyre identifies three different accounts of the virtues: (1) a virtue is a quality which enables an individual to discharge his or her social role (Homer); (2) a virtue is a quality that enables an individual to move towards the achievement of a specifically human telos, whether natural or supernatural (Aquinas); (3) a virtue is a quality which has utility in achieving earthly or heavenly success (Benjamin Franklin). There is no reason to think that (1) and (2) are logically or conceptually or practically inconsistent with one another. It is plausible to think that one achieves one's natural or supernatural human *telos*, in part or in whole, by discharging well one's social roles. If the greatest commandment is foundational with respect to the life well-lived,

are social animals. If we are, then it seems natural to explain many of the features of our moral lives by reference to morally salient social roles. By 'morally salient', I mean a role the explanation of which includes a significant moral component, typically, its *telos* -- its end and thus, the function of the role.

For example, in Parts 1-2, Question 95, Article 4, Aquinas observed "it is a part of the definition of *human law* that human law is ordered toward the common good of the community. Accordingly, *human law* can be divided by the diversity of roles played by those who work specifically for the common good – e.g., priests who pray to God on behalf of the people; rulers, who govern the people; soldiers who fight for the safety of the people." This quote suggests that, under the right conditions or circumstances, roles that promote the common or public good are morally salient. Some of those will be what we might now call professional roles -- city managers, physicians and nurses, soldiers, teachers, etc. Some of the these professional roles promote the common good directly by, for example, maintain, preserving, or restoring some good held in common by the public, e.g. a politician who works effectively to preserve access to fresh water, clean air, safe roads, national parks or to improve the quality of public education. Some professional roles promote the common good indirectly by attending to the good of particular individuals under their care by virtue of the roles they occupy. Family practice physicians or hospice nurses are examples. Some morally salient roles are non-professional but, nonetheless well-defined social roles. Among this group of roles are youth league coaches, lay ministers, Sunday School teachers, adult boy and girl scout leaders and many more. Another group of social roles have as their central role a certain kind of good will in the social relationship but they don't fit into either of the former categories. Such social roles include friends, parents, spouses, neighbors and the like.

Christine Swanton asks, "What determines the goodness of a role?" She notes that the Aristotelian answer is found in a hierarchical approach to goodness, which terminates in the goodness *qua* human being, which is human flourishing and those virtues that constitute human flourishing, *per se*. She comments that "there is no conflict between role virtues and 'ordinary' (role-undifferentiated) virtues," which are those that make one a good human being *qua* human being. This paper presumes that one's fulfilling well a variety of morally salient roles constitute a proper part of human flourishing. That is, a necessary condition of flourishing as a human being is to perform well in a variety of morally salient roles, some of which have as their object the good of another particular person or group of persons and some of which have as their object the common good.

In the spirit of Aquinas' insight, we have added not only nurses, physicians, soldiers, and teachers to our list of roles that serve the common good but also volunteer coaches, friends, parents, scout leaders and the like. It is important, however, to qualify Aquinas' point about the moral salience of some roles. When friends, parents and physicians perform their roles well, and, thus in such roles succeed in acting well, they do so by working specifically to benefit, typically, another person, distinct from oneself. Call this person the beneficiary. In many, perhaps most, roles, one aims at the common or public good only indirectly. A good friend aims directly at the well being of his or her friend, while acknowledging that communities in which friendships flourish improves the common or public good. Similarly, a pediatric surgeon aims at restoring the physical health of his or her patient, directly, and only indirectly at public health as a common or public good. For roles such as parent, friend, physician, for example, the motive or intention to

---

then it underscores three primary relationships or roles -- being rightly related to God, to our neighbors and each person to himself or herself. See MacIntyre, *After Virtue* (Notre Dame: University of Notre Dame Press, 2008), 185.

benefit some person, the beneficiary of the intended act, is the primary source of the roles' moral salience.

On this neo-Aristotelian/Thomistic view that I offer in this paper, my success in a variety of social roles contributes to others' flourishing as human beings, while typically making a positive contribution to my own flourishing.[6] Whenever someone's role has as an end the benefit or improvement of another it is beneficiary-focused. Ideally, parents, friends, spouses, physicians and nurses, among others, are beneficiary-focused roles or relationships because as roles, their ends include the benefit of another person. My account includes the individual person occupying a role with respect to himself or herself. We can either be our own worst enemy or a good friend to oneself (and variations between these two). In the latter, we act to befriend ourselves. Given our social natures and the necessities and vicissitudes of human life from birth to death, it is plausible to think that success in the roles of parents, friends, spouses, neighbors, citizens, among others,[7] are central aspects or dimensions of human flourishing and realizing the common or public good.

II

Virtues fit naturally with roles.[8] Just as Aristotle recognized the analogy between the skills of a good tanner, boat builder, bridle maker, and commander of the armies, it seems natural to see an analogy between sharpness in a good knife, the dribbling skills of a good soccer player, the attention to detail of a good sculptor, the strategic skills of a good coach, the courage of a good soldier, the compassion of a good physician, and, moreover, the courage of a good friend, the fidelity of a good spouse, the patience of a good parent, and the civility of a good citizen. After all, in order to flourish, children need good parents and other good role models (aunts, uncles, coaches, and the like). In turn, parents need good neighbors, good communities, good government, and good friends, among other important, socially vital, human relationships.

Obviously, some significant portions (perhaps all) of our moral lives are constituted by our success or failure in a variety of identifiably moral roles (parent, spouse, friend, neighbor, citizen, etc.).[9] One way, then, to think about being a good human being and living a good human life (a human life well-lived) is think about what roles must others play in my life and I in theirs for me, and them, to flourish. Put another way, what roles do I naturally want others to play in my life, insofar as I aim to flourish as a human being and share in the common or public goods that constitute such a life? Because these roles are central to human flourishing and the common

[6] Admittedly, this distinction is problematic. While being a government official, physician or social worker is formally oriented specifically toward the good of others and thus, the common or public good in particular ways, but those who occupy the role may have other ends, appropriately or inappropriately, in mind. Being a teacher of undergraduates is primarily a role whose aim is the formation of the moral and intellectual capacities of the students. Their improvement is the formal and final end and the students are the primary beneficiaries of the teachers' skills. But, also, quite appropriately, teachers aim to make a decent living by their good work. Those who work in the stock exchange likely have their own economic advantage as their primary aim but to do so they must be effective at improving the economic advantage of their clients. And doing so serves the common or public good.

[7] Some are professional roles that have as their ends the benefit of another person -- the patient, the client, and the student.

[8] This comment reflects Peter Geach's observation that the attributive use of 'good' in 'X is a good F" allows one to generate good-making qualities of F, if F has a function or end. See Peter Geach, "Good and Evil," *Theories of Ethics*, edited by Philippa Foot (Oxford: Oxford University Press, 1967), 64-73. See also, J. L. A. Garcia, "Roles and Virtues", *The Routledge Companion to Virtue Ethics* (New York: Routledge, Taylor and Francis, 2015), 415-423.

[9] For a defense of the thesis that human morality is entirely a function of success or failure in a variety of morally salient social roles see Jorge Garcia, "Moral, Roles, and Reasons for Action," *Critica*, vol. 17, No. 50 (August 1985), 29-43. See also, Sarah Harper, *Role-Centered Morality*, Ph.D. dissertation, Boston College, 2007.

or public good, and because it is natural to want someone to occupy them in my life, so it is natural to want and to occupy these roles successfully in the lives of others.[10] I call such roles morally salient roles.[11]

By social role I mean easily identifiable social relationship or set of relationships, both natural (parent, child, aunt, uncle) and institutional (coach, carpenter, physician, judge, general, and the like), both kinds of which are associated with characteristic practices to achieve their fitting ends.[12] I don't have a set of necessary and sufficient conditions to distinguish morally salient roles and from non-morally salient roles. Perhaps it will be largely a matter of degree along a continuum, from clearly morally salient to less and less so. At one end of the spectrum, if the aim of the relationship is the benefit of another participants in the relationship with respect to human welfare (or some more particular good that is a necessary or important constituent of human flourishing), then I will identify it as a morally salient role. Examples are being a friend, being a parent, being a spouse, and the like. At the other end of the spectrum are roles that aim at some definite end, which requires technical knowledge and skills to achieve the end, and the end is distant from human flourishing, then the role is non-morally salient. Obvious examples are those roles that directly oppose human flourishing, including those who force children into, or manage, child prostitution, distributors of harmful drugs like cocaine, and the like.[13] Perhaps we should say that such roles have negative rather than positive moral salience and insist that such relationships or roles are immoral roles. Less malicious, but non-morally salient, still, are those who produce cigarettes and cigars and other products whose consumption, though legal, has empirically determinable negative consequences on human welfare. More benign examples, but nonetheless occupations only indirectly related to human flourishing include manufacturers and salesmen of ski boats, used car salesmen, cosmetic surgeons, and creators of designer fashions. On the other hand, examples of professional roles that require primarily *techne* to achieve a definite end that constitutes a proper part of human flourishing include lawyers, psychologists, physicians, social workers, and teachers, among others.[14]

Given that virtues fit naturally with roles, we may then ask, then, what are virtues? They are the qualities or excellences of character, ones that make those who occupy those roles good, and the work they do in those roles good work? On the view I am developing for something to be a virtue is for it to be a good feature of some person, S, part of which enables S to be good in R, or a good R, which is the relevant role, R. Put more precisely, it is the sort of feature that makes the work of the person in the relevant moral role, R, an excellent, exemplary or successful fulfilling of the work of the role.[15] In so far as it is a necessary feature of those who fulfill the

---

[10] See Garcia, "Moral, Roles, and Reasons for Action," 33-34.
[11] Perhaps I should merely call them "moral roles." For more on moral roles see J. L. A. Garcia, "'Moral Ought' Rethought," *The Journal of Value Inquiry* 20, (1986), 83-88.
[12] For a helpful discussion of the relation of virtues to practices and institutions, see MacIntyre, "The Nature of the Virtues," 3rd edition, *After Virtue*, (South Bend: University of Notre Dame Press, 2007), 181-203. Famously, MacIntyre introduces the overriding conception of the *telos* of a whole human life, conceived as a unity. The narrative of any plausible conception of a *telos for a whole human life* for dependent rational animals like us (human beings) will feature our adventures and misadventures in various social roles, as MacIntyre made so very clear.
[13] Perhaps I should treat these as morally salient, but negatively so because the roles are immoral roles or morally vicious roles.
[14] I am not happy with what I say about the moral salience of roles and how one determines the extent to which a role possesses this property or characteristic. Physicians, friends, scout leaders, for example seem clearly more morally salient roles than housekeepers, gardeners, and electricians. Yet, some people's flourishing requires other individuals to occupy the roles of gardeners, housekeepers, and electricians in their lives.
[15] I want to distinguish two ways of speaking of success in fulfilling the role. One is in possessing the relevant qualities that are necessary to be a good R. The other are the hoped for good consequences to be realized in performing well in the role,. A good cabinet maker possesses the skills and the attention to detail necessary to produce good cabinets. The skills and attention to detail are the "virtues" internally necessary for good cabinet making. The product, the external

role successfully, success in the role means the person acquires some excellences of character (i.e., virtues) as features of him or her. These features are displayed as dispositions to respond to situations in characteristic ways – bravely, temperately, justly, prudently, compassionately, patiently, and the like. Additionally, these personal excellences of character enable the person to act easily, readily, reliably, steadfastly, and with pleasure in circumstances in which acting bravely, temperately, justly, or compassionately are fitting.[16] Since it enables one to act readily, reliably and steadfastly, it must be a characteristic that persists over time. Thus, a virtue is not only a disposition to act a certain way but also, it is a way of being, being a certain sort of person. Virtues are pervasive and deep features of a person, which involve reason, intentions, motivations, and feelings, and which enable one to act excellently in response to another person or to oneself.[17] It is important to note that my attention to virtues focuses on the input to action and not on the outcome of the virtuous dispositions. Having good will toward one's parents, children or hospitalized patient does not guarantee a good outcome. The compassionate physician may successfully exhibit compassion and skillful treatment, and yet be unsuccessful in healing the patient of a deadly form of cancer.

This schema will help explain why both parenting and serving as health care professionals (primary care physicians, nurses and the like) are regarded as morally salient roles and why certain qualities of character are virtues for those who occupy those roles. On this view, morality is partially, if not wholly, constituted by our roles or relationships with others. The virtues are those qualities of character one that makes one a good R (friend, parent, physician). Enough vices make one a bad R. One's duties are constituted similarly. Roles have duties. My duties to you are duties as your R (parent, teacher, physician, fellow human being). Every moral duty is a duty owed to some particular person or some community of persons.[18]

III

Roles are relationships. However, not every relationship or role is a morally salient role or relationship. The male pimp who arranges sexual relationships for clients is primarily acting to promote his own interests, and is only secondarily interested in his client or those that provide the sexual services. The women (or men) who service the clients are clearly treated as a mere means and their goods are not in view, except quite secondarily. In contrast, consider your gardener, your car mechanic, and those who manage the dry cleaning service you use. Each provides a service that makes some contribution to your flourishing, but much less directly and significantly, compared to one's friend, physician, parent, or spouse. More to the point, the direct beneficiary of their attention is not you. The gardener benefits the garden. The mechanic benefits the car's engine. The dry cleaners improve the clothes. In contrast, the professional relationship of a primary care physician to her patient and the relation of a parent to a child are relationships whose primary end is the well being of some other person who is the beneficiary of role. What being a parent or a physician share in common is that each has, as its primary end, the advancement, maintenance, or restoration another person's welfare or well-being, in short, the

---

outcome, is a superb cabinet. Analogously, complete success in fulfilling a moral role involves both the internal and the external features, but the emphasize in determining or evaluating success in a moral role is on the internal features, since all too often the external features are beyond the moral agent's (the one who acts to benefit another) control.

[16] See Aquinas, *Disputed Questions on Virtues*, 1.ad13.

[17] After an initial draft of this paper I discovered a similar account in Julia Annas, *Intelligent Virtue* (Oxford: Oxford University Press, 2011), 8-15.

[18] Some social roles are institutionally situated; others are not. F. H. Bradley, "My Station and Its Duties," *Ethical Studies* (Oxford: The Clarendon Press, 1988) and Michael Hardimon, "Role Obligations," *The Journal of Philosophy* 91, No. 7 (July, 1994), 333-363.

good of another person.[19] That's why for many, having good will for another (benevolence, charity, love, a good will) is thought by many to be at the center of the morally good life.

The physician is a member of the medical profession. Following Edmund Pellegrino, by profession, I mean not only a set of practices that enable men and women to acquire special knowledge and skills after an intensive and extended period of education but also I mean those who justifiably profess that this special set of skills and knowledge will be used to serve promote the good of their patients, each patient's welfare or well being, and by so doing, serving the patient's good and, indirectly, the common or public good, rather their own self-interest.[20]

My attention is fixed on clinical medicine, those medical professionals that use their medical knowledge and skills for maintaining or restoring the health of a patient.[21] According to Pellegrino, clinical medicine is a profession because, in part, it professes that its end, or *telos*, is the physical health (or well-being) of another person, the patient. The patient is the intended beneficiary. And because clinical medicine has the good of the patient as its *telos*, understood as human welfare or well-being, those health care professionals involved in clinical medicine participate in a moral enterprise and constitute a moral community.[22] More particularly, given my aims, a particular physician serves a particular human being as his or her patient. It is her or his good that is primary and pervasive as the physician attempts to heal, care for, restore the health of, or provide comfort to, the patient.

We may ask, then, given the end or *telos* of clinical medicine, in addition to medical knowledge and clinical skills, what virtues does a physician (my physician) need in order to be successful as a physician, with respect to his or her patients? The first virtue, or character trait, seems clear enough. It is to will or to wish or to desire the good of the patient for the patient's sake. Call this virtue benevolence or beneficence. Its contrast, of course, is malice, willing or intending harm or ill to the patient. In medicine this vice is less frequently seen, Pellegrino claims, than is self-interest, a vice especially encouraged by the way in which the profession of medicine is also a commercial enterprise and how some forms of medicine are capable of generating a lot of income. Because the central feature of clinical medicine is response to illness, illness means that the patient is vulnerable and, correlatively, is now in an unequal relationship to the physician. Given the knowledge and skill the physician possesses, the patient's illness gives the physician power over the patient. On the one hand, the physician has a duty not to exploit or take advantage of the inequality and vulnerability of the patient. This means that more than benevolence from the physician is necessary. The patient needs to be able to trust his or her physician. Pellegrino names this virtue fidelity -- being capable of (or worthy of) trust. The relation of physician (and other health care professionals) to the patient also requires compassion, points out Pellegrino. Clearly, a patient wants the physician to use his or her medical knowledge and skills to provide an accurate diagnosis, prognosis, and a helpful therapeutic regimen. Beyond that, patients typically want their physician to identify empathetically with them in their sickness.

---

[19] Of course, I can befriend myself. That is, when I act responsibly to maintain or promote my own health in ways befitting the human good that is mine while respectful of the goods of others, I will my own good for its sake, in a similar fashion to willing the good of another person that I regard, correctly, as my friend.

[20] Edmund Pellegrino, "Professing Medicine, Virtue Based Ethics, and the Retrieval of Professionalism," in *Working Virtue: Virtue Ethics and Contemporary Moral Problems*, edited by Rebecca L. Walker and Philip J. Ivanoe (Oxford: Clarendon Press, 2007), 61-63.

[21] Other relevant distinctions in medicine, each with a distinctive end, are preventative medicine, scientific medicine or social medicine.

[22] Pellegrino, "Professing Medicine, Virtue Based Ethics, and the Retrieval of Professionalism," *Working Virtue*, 62.

Pellegrino puts it this way: "the good physician suffers with his patients."[23] Additionally, Pellegrino identifies being just, honest, courageous, humble, temperate, having integrity and being prudent, as among the most important virtues of physicians (and other health care professionals).[24]

Pellegrino identifies phronesis or prudence (practical wisdom) as "medicine's most indispensable virtue" and essential for achieving the *telos* of medicine. He joins Aristotle and Aquinas in regarding prudence as both an intellectual and a moral virtue. As a moral virtue, Pellegrino claims that it issues in right or correction action in particular circumstances. As an intellectual virtue, it grasps correctly the goods at stake with respect to the patient's welfare, his or her well being, the proper ordering of those goods, and, most importantly, which among the alternative actions is the best means to the end or ends that fit the circumstances. If there are other goods at stake beyond what constitutes the welfare of the patient, the prudent person knows and rightly orders those good as well.

Given that the ultimate end for any physician's patient is the patient's good health, the proximate end is that particular action that most conduces to maintain, preserve, or restore the patient's health, understood in its widest, deepest, and fullest sense. Prudence is not only the power to grasp that proximate end as a possible action but includes the prudent act itself, in light of the particular circumstances of the situation. Ideally, every clinical judgment would be a prudent judgment, insists Pellegrino.[25]

Similarly, consider the relationship of parents to their young children. From birth until the children are in the early to mid-twenties, the parent stands in a similar relation of physician to patient. In the earliest stages, the child is intellectually and morally unformed. Until the intellectual and moral virtues are acquired, if ever, it is largely the parents and other adult figures (grandparents, aunts, uncles, neighbors and the like) whose moral task it is to shape the intellectual and moral character of their children, while actively maintaining or promoting their children's welfare, in the broadest and deepest senses possible, especially physically and mentally, but as a holistic enterprise. Like the physician, good parents will the good of their children for the sake of the children, and not merely their own self-interest, and this is what they ought to do. Because the central feature of childhood is dependency on the parents for physical, psychological, and material well being, children are vulnerable. Like the physician, typically, the parent has some knowledge and competencies the children do not possess. Moreover, at important stages in their lives, parents are typically in control of the scarce resources necessary to promote the family's welfare, resources which are not easily available to the children. Thus, the children stand in an unequal relation to their parents and the children are capable of being exploited, abused and malformed by their parents.[26]

Parents, then, like physicians, need virtues in order to achieve the natural end of parenting, the flourishing or welfare of their children. Chief among those is a good will, or benevolence or a certain kind of natural love (willing the good of their children for their sake).

---

[23] Edmund Pellegrino and David C. Thomasma, *The Virtues in Medical Practice* (Oxford: Oxford University Press, 1993), p. 79.

[24] For a thorough and systematic discussion of the virtues and duties intrinsic to clinical medicine, see Pellegrino and Thomasma, *The Virtues in Medical Practice,* pp. 65-161.

[25] Pellegrino and Thomasma, p. 87-90.

[26] For further insight into why human beings in their various roles and social relations need virtues, see Alasdair MacIntyre, "Vulnerability, flourishing, goods, and 'good'" and "The Virtues of acknowledge dependence," in *The Dependent Rational Animals: Why Human Beings Need the Virtues* (Open Court: Chicago and La Salle, Illinois, 1999), 63-79 and 119-128.

Since children have a natural tendency to trust their parents, parents need to have fidelity (being trustworthy). Compassion, the capacity to suffer with their children, in both the small and large evils they endure, is also a virtue. Treating a child (or the children) justly, both distributively and retributively, is also essential to the child's well being. Finally, if there is an important unity with respect to the moral virtues, and prudence is essential for correct decision and fitting actions, then just as prudence is medicine's most indispensable virtue so prudence is a parent's most indispensable virtue, or so it seems reasonable to claim.[27] More on prudence later.

IV

I am exploring that dimension of our lives that are constituted by a variety of morally salient social relationships including, but not limited to, being a friend, a son or daughter, a neighbor, a citizen, and a fellow human being. For some of us, it includes being a spouse, a parent, an aunt or uncle, a physician or nurse or teacher, and the like. On this hypothesis, then, the moral virtues are features that enable one to be a good R, the vices are those that make one a bad R. What one has a duty to do are those duties relative to someone as their R (son, spouse, friend, teacher, physician).[28] What one ought to do is what one ought as an R to do in these circumstances. And so on. What I have not yet done is to provide reasons to endorse this hypothesis. Let me do that now.

First, I appeal to the way in which being a good K grounds the attribution of good-making qualities, or virtues, to K. A good carving knife must be sharp, so sharpness is a quality that makes a carving knife good with respect to the end of cutting meat easily and smoothly. Being sharp is the quality, the excellence that makes a carving knife good with respect to function, which is cutting meat smoothly, easily, and swiftly. Similarly, courage is a virtue that makes soldiers, police officers and parents good in their roles with respect to human flourishing.[29] This insight is based on the seminal essay by Peter Geach and has been further developed by a number of other thinkers such as Philippa Foot.[30] Second, I appeal to the fundamental social nature of human beings whose natural end is human flourishing. Given our common human nature, human flourishing presumes good families, good communities, good government, good friends, good neighbors and the like. Put differently, these social relationships, and others besides, point to human flourishing as their natural end. Third, I appeal to our common-sense recognition of the moral salience of a variety of social roles, some of which are professional, and some of which are non-professional, roles. When the pastor eulogized my father at his funeral, he spoke of him as a good man. In explanation of that claim he spoke of his being a good husband, a good father, a good provider, a good friend, and a good neighbor (and a good carpenter, cabinet-maker and house builder). Notice that all these phrases have the same form, "Junior Beaty was a good K."[31] My suggestion is that being "good person" is best understood as the conjunction of a certain level of excellence achieved in a variety of morally salient social roles. Fourth, I appeal to our common sense recognition that a significant number of professional roles have high degrees

[27] One of the most difficult aspects of parenting is choosing well how to correct a child's behavior. Prudent judgments on this good are crucially important to their moral development.

[28] Garcia, "Morals, Roles, and Reasons for Action," 30.

[29] Courage contributes to a soldier or a member of the police force being able to stand firm or moving forward for the sake the community in a dangerous, fearful circumstance. For parents, courage made be necessary in resisting an intruder or standing firm against popular opinion which respect to what counts for a good human life.

[30] Peter Geach, "Good and Evil," Analysis 17 (1956), 35-42; Philippa Foot, *Natural Goodness* (Oxford: Clarendon Press, 2001), 2-3; Jorge Garcia, "The Virtue in Value," presented at American Maritan Association session at Eastern Division APA Meeting, 2004. See especially pages 1-6.

[31] I am making two points here. First, is that each of these remarks are, pace Geach, of the form, 'X is a good K'. Second, Ks in which Junior Beaty exhibited excellence were recognizably social roles.

of moral salience. Such roles include the health care professions. Also, I appeal to the ways in which the traditional moral virtues fit naturally with the teleological nature of social roles. Finally, I appeal to the way in which this understanding illuminates the suggestion that the greatest commandment is to love God, and love your neighbor as yourself. The parts to this moral insight emphasize relationships or roles. Loving God fittingly fulfills my proper relationship to God. Loving each neighbor fittingly fulfills my proper role to my neighbor. And loving myself fittingly fulfills my proper role to myself.

V

How should we think about prudence or practical wisdom?

About practical wisdom, Aristotle says,

> We may grasp what practical wisdom is by considering the sort of people we describe as practically wise. It seems to be characteristic of the practically wise person to be able to deliberate nobly about what is good and beneficial for himself, not in particular respects, such as what conduces to health and strength, but what about conduces to living well as a whole (or in general). . . [Practical wisdom] is a true and practical state involving reason, concerned with what is good and bad for a human being. . . [The person of practical wisdom] can see what is good for themselves and what is good for people in general."[32]

In short, Aristotle claims that the possessor of practical wisdom knows how to live well, both with respect to oneself and with respect to the common or public good and is able to translate that knowledge deliberation, decision, and action.[33] Thomas Aquinas agrees, in *Disputed Questions on the Virtues,* he claims that

> . . . just as *theoretical reason* ought to be made complete by acquiring the disposition to knowledge, for the purpose of making correct judgments about knowable elements of a branch of knowledge, similarly, *practical reason* ought to be made complete by certain dispositions that enables it to make correct judgments about human goods in particular contexts of action. This virtue is known as practical wisdom, and it is possessed by the practical reason. It brings to completion all the moral virtues, which are found in the desiring part. Each of these virtues makes the relevant desire incline towards a specific class of human good. For example, justice makes it incline towards the good that is equality in things that are part of our shared nature, while temperateness makes it incline towards the good of restraining oneself from the objects of sensual desire, and so on with each virtue.[34]

Moreover, since

> [e]ach of these things can be done in many ways, and are not all done in the same way in all circumstances, . . . one needs practical wisdom in one's judgments to

[32] Aristotle, *Nichomachean Ethics*, edited by Roger Crip (Cambridge University Press, 2012), VI, 5, 1040a 25; 1040b 10.
[33] Aristotle, *Nichomachean Ethics*, III, 3.
[34] Aquinas, *Disputed Questions on the Virtues*, edited by E. M. Atkins and Thomas Williams, On the Virtues in General, Article 6, pp. 34-35.

> determine the correct way. That is how correctness and full goodness in all the virtues depend upon practical wisdom . . . it follows that practical wisdom is the cause of all the virtues of the desiring part, which are called moral in insofar as they are practically wise.[35]

In *Summa Contra Gentiles*, Chapter One, entitled "The Office of the Wise Man," Aquinas says,

> . . . they are to be called wise who order things (goods) rightly and govern things well. . . and the order of all things directed to an end must be taken from the end. For, since the end of each thing is its good, a thing is then best disposed when it is fittingly ordered to its end [living well]. . . and the consideration of the wise man aims principally at the truth.[36]

To sum up, first, both Aristotle and Aquinas claim that practical wisdom is about living well or flourishing as a human being. If living well is correctly described as human flourishing and this consists in the realization of a variety of human goods, then what the person of practical wisdom knows is the various human goods that constitute human flourishing or living well as a human being. Additionally, if they have some sort of ordered relation with respect to one another, then the wise human being knows these human goods and their properly ordered relation to one another. For example, the prudent parent knows that physical health is a proper part of human flourishing and manages the family diet to encourage good eating habits, especially for one's children, with an eye on the development of both prudence and temperance. This is not easy and requires vigilance and the support of other moral and intellectual virtues.

Notice that the examples I have given thus far are, if I am correct, only instances of theoretical wisdom. For what the theoretically wise person knows are the human goods as objects of theoretical knowledge or correct conceptualization, but not yet as goods successfully realized in action. Here is what I mean. One might know, for example, how to cast a dry fly, as a matter of head knowledge, but be unable to cast a dry fly well. That is, one might know what a good fly cast consists in, but be unable to cast a dry fly successfully. Similarly, one might know that the object of a wise person's knowledge is "how to live well" and that living well consists in realizing a variety of human goods that constitute human flourishing, and know what those goods are and how they are properly ordered are as a matter of theoretical wisdom (or head knowledge), but one might not be very successful in realizing these goods (and their ordered relation) in one's own life. And to that extent, one is deficient in practical wisdom precisely because, for whatever reasons, one cannot translate one's knowledge into successful action.[37] For example, one might know well in what a balanced and healthy diet consists, but be unable to initiate or sustain practices to achieve temperance with respect to one's eating habits, at least through to the present context.

I have suggested that the person of practical wisdom knows what human flourishing consists in, generally, and with respect to oneself and others. That is, the practically wise person knows what the genuine human goods are, and how they are rightly ordered in the well-lived life. Also, the practically wise person is successful in realizing these properly ordered goods in his or her own life, is a model for others, and is able to advise others about living well.[38]

---

[35] Ibid., p. 35.

[36] Aquinas, *Summa Contra Gentiles*, Book I, Chapter One, p. 60.

[37] Clearly, sometimes the deficiency is not the fault of the agent but because the circumstances prevent that knowledge from being realized in action successfully. One might know that one needs water in arid conditions, have water nearby, but be constrained from reaching it by virtue of an impenetrable desert wind storm.

[38] For a more detailed and an insightful discussion of the primary features of a person of practical wisdom See Stephen Grimm , "Wisdom in Theology," in *The Oxford Handbook for the Epistemology of Theology*. Eds. William Abraham and Fred Aquino. New York: Oxford University Press. Forthcoming.

VI

In the next three sections, in an effort to illustrate both the richness of the account I have given of moral salient roles and its usefulness for teaching in moral philosophy, I want to apply my discussion of morally salient roles and prudence to a case found in a commonly used text in medical ethics.[39] From it, I summarize a case called "Baby Owens: Down Syndrome and Duodenal Atresia."[40]

On a chilly December day, Dr. Joan Owens, a physician, was admitted to the hospital with labor pains at 9 p.m., a hospital at which she worked. At 11:30 that evening, she gave birth to a 4-½ pound girl. Let's call her Baby Owens. Shortly after the Baby Owens was shown to her. Immediately she recognized that the baby's head was misshapen, and the skin around the eyes strangely formed. She called to the attending physician, "Clarence, is this baby mongoloid? Examine it now, I want to know." Dr. Clarence Ziner did as his colleague asked and confirmed that the baby has Down's Syndrome. Dr. Joan Owens, still groggy and tired from the delivery, but resolute, said, "Get rid of it. I don't want a mongoloid child." And she went to sleep. When she awakened four hours later, her husband Phillip, was with her and he had more bad news to share. Baby Owens' small intestine had failed to develop properly and was closed in one place – the condition known as duodenal atresia. It could be corrected by a fairly simple surgical procedure, but until the surgery is performed the baby cannot be fed. Phillip had refused to give consent for the baby to be fed until he talked with his wife. Jane Owens had not changed her mind. She said to Phillip, "It would take all our time, and we wouldn't be able to give David, Sean, and Melinda [their three children] the attention and love they need. If we don't give consent to the surgery, the baby will die soon. And that's what we have to let happen. It would not be fair to David, Sean and Melinda to raise them with a mongoloid."

Phillip requested that Dr. Ziner come to their hospital room. Joan and Phillip reported their decision not to consent to the surgery. Dr. Ziner was taken aback by what they said. He pointed out that the surgery was a very low risk, that the baby's life could be saved, that Down's Syndrome children get along well in their families, that are loved by the family members and that they return that love also. They live happy, contented lives.

Joan responded by saying "I know and I don't want that to happen. I don't want us to center our lives around a defective child. Phillip and I and our children will be forced to lose out on many of life's pleasures and possibilities." Phillip joined in to insist that they had made up their minds, saying, "We don't want surgery."[41]

Dr. Ziner was clearly distressed and retorted that we would have to talk to the director and hospital attorney, saying "I'm not sure the matter is as simple as that. I am not sure we can legally just let the baby die." However, at his meeting with the director of the Midwestern Medical Center, Dr. Entraglo, and the head of the center's legal staff, Mr. Putnam, Dr. Ziner was told that the hospital would not be legally liable if Baby Owen were allowed to die because his parents refused to give consent for surgery. Dr. Entraglo considered getting a court order that required surgery but the lawyer suggested that this sort of case was not a close analogy to cases in which an infant requires a blood transfusion or immunization and its parents' refuse consent on the grounds that their religious beliefs forbid the medical intervention. The difference, suggested the lawyer, was that Baby Owens will still be defective after the surgery. He said, "I think a court would be reluctant to make a family undergo significant emotional and financial hardships when they have seriously deliberated and decided against the surgery."

---

[39] Ronald Munson, *Intervention and Reflection: Basic Issues in Medical Ethics*, Eighth Edition (Wadsworth, Cengage Learning: Boston, MA, 2008), pp. 630-631.
[40] I have discussed this case with two physician friends, both of whom teach at Baylor University.
[41]

Dr. Ziner commented that it was his impression that Mr. and Mrs. Owens had not seriously deliberated about this matter. More importantly, he asked, “Doesn’t the child have some moral or legal claim in this situation?”

The lawyer, Mr. Putnam, asked, “Is the Owens baby really a person in any legal and moral sense?” And, Dr. Entraglo, the Director of the Medical Center asked, “What sort of life would it be for the family when they had been pressured into accepting a child they did not want?” In exasperation, Dr. Ziner asked, “So we just stand by and let the baby die,” asked Dr. Ziner. “I am afraid so”, said both Dr. Entraglo and Mr. Putnam.

In a small rarely used room set apart from the patients, it took twelve days for Baby Owens to die, since she was allowed to starve to death. Many of the nurses and physicians thought it was wrong that Baby Owens was forced to die and to do so in such a slow, lingering way. But they were discouraged from doing anything to shorten the baby’s life because it might constitute a criminal action.

The physicians avoided the child entirely, so caring for the baby, to the extent it was permitted, fell to some of the nurses. Some saw that she received water and that she was turned in bed. Some refused to have anything to do with the dying child. However, one nurse, Nurse Sarah Moberly, was determined to see that Baby Owens’s last days were as good as possible. Over those twelve days, she held the baby, rocked her, and when it cried, she talked to it soothingly. But even she was glad when it Baby Owens died. “It was a relief to me. I could hardly bear the frustration of just sitting there day after day and doing nothing that could really help her.”[42]

VII

I have used this story in two different courses and in different ways in these two different courses. *Introduction to Medical Ethics* is the first course in which I have used it, a course taken primarily by first or second year, but also by some third and fourth year, undergraduates. *Moral Philosophy* is the second course in which I use it. The course is an upper level undergraduate course, taken only by third and fourth year undergraduates. On the one hand, some semesters, I used the case study just after the beginning of the semester. On those occasions, after we have read the story, I then ask the students what they think of it.[43] More specifically, I ask what they think of the Joan and Philip Owens, morally. “Have they acted in morally badly or done something morally wrong?” Discomfort, even repugnance, is evident on many students’ faces, and for a while, there is a palpable silence. In an essay entitled, “The Wisdom of Repugnance,” Dr. Leon Kass notes that many people find the very idea of cloning morally repugnant. He notes that while repugnance or revulsion is not an argument, it can be the emotional expression of deep wisdom. Such wisdom is worth articulating, however difficult doing so may be.

When I present the case study at the beginning of the semester, overwhelmingly students use emotivist or subjectivist language to comment on it. They worry about being intolerant and judgmental, if they use non-subjective, non-emotivist language. Some will say “the Owenses are not nice people.” Others will insist they couldn’t do what Baby Owens’ parents did because it would make them “feel bad.” Others will describe them as “selfish.”[44]

Again, at the beginning of the semester, it is interesting to notice what is not said. Typically, students do not say that Joan’s refusal to agree to the surgery was a morally wrong or evil act. Rarely, does some student fault the Owenses for failing to act compassionately with respect Baby Owens. Occasionally, a student may comment that the parents treated Baby Owens

---

[42] Case Presentation: “Baby Owens, Down Syndrome and Duodenal Artesia,” Ronald Munson, Editor. 8th Edition. *Intervention and Reflection: Basic Issues in Medical Ethics* (Boston, MA: Wadsworth, Cengage Learning, 2008), 631.

[43] Even if I have assigned it, along with other reading material, the evening before it is to be discussed, in the class period it is to be discussed, my preferred strategy is to have them read it silently, again, before we discuss it.

[44] One of my physician friends commented that Joan and Phillip were clearly committed to doing what was easy on them, what was expedient.

unfairly because they treated her, a defective baby, differently than their other normal children. If this comment is offered by a student, it provokes another student to worry about whether or not we should judge them to be good parents or not. Almost never do they offer a moral assessment of either Dr. Entraglo or Mr. Putnam unless I ask the directly to comment on them. More often than not someone will opine that both are just doing their jobs.

If I am presenting this material near the end of the semester, the case study elicits a noticeably different response from my students in the upper level undergraduate course, *Moral Philosophy*. By then, the students will have read significant portions of Nietzsche's *The Genealogy of Morality*, Kant's *The Groundwork of the Metaphysics of Morals*, Mill's *Utilitarianism*, Aristotle's *Nicomachean Ethics*, and Aquinas' *Disputed Questions on the Virtues* (in that order). Sometimes I open with the following kind of comment:

> Notice that Joan and Phillip Owens prefer not to have Baby Owens, a defective child, as their daughter. They prefer to enjoy life's pleasures and possibilities rather than accept the sacrifices that will be necessary to care for Baby Owens if she becomes a part of the family. They prefer neither to learn to love Baby Owens nor to allow their children the opportunity to love Baby Owens. At the same time, they don't seem to regard their decision as immoral. It is merely an individual choice, reflecting their preferences, maybe like preferring one kind of car and its color to another, and nobody's business but their own. The only truth claims they recognize are their own subjective preferences. If morality is nothing but an expression of one's own preferences, then the Owens did not act morally badly. They did nothing morally wrong, nothing morally vicious, by refusing to permit the Medical staff to treat Baby Owens. But what do you think? Have they acted morally badly, done something morally wrong? If so, what and why? If not, why not?

Most students are unequivocal in insisting that Joan and Phillip Owens have acted morally badly. Often, the first comment has to do with them being bad parents. More than a few are resolute that the Owenses are bad parents because they treat Baby Owens differently from the three "normal children." Some are astonished at their lack of compassion and volunteer that the parents should have arranged for Baby Owens to be adopted, at the very least. Others note their selfishness and wonder if it will, in time, be obvious to their "normal children." Recently, a student wondered if the parents will lie to their other children about what happened to Baby Owens. She reasoned that if the parents tell them their children the truth, then won't their other children worry that should something bad happen to them -- say an accident that results in a spinal injury – that the parents will love them less, even abandon them. The student making this argument concluded: "I'm willing to bet that they will lie [to conceal] their decision." There seemed to be a consensus among the students that lying was necessary in order to keep the truth of their actions from their children, and that further added to their morally defective status. However, one student said, "It would be better that their children never know."

Another student asked if we might regard them, correctly, as murderers since their decision led to the death of Baby Owens. Another wondered if their decision could be treated as if it were manslaughter. Someone said, "But they did not kill the child. It died because the hospital staff did not feed it. The medical staff let it die because they had no choice." The students clearly placed the largest portion of the moral blame on the parents, but some were, nonetheless, also convinced that Dr. Entraglo and Mr. Putnam and acted morally badly, despite doing what was legally permitted.

The students did have praise for Nurse Sarah Moberly and some considerable disdain for the physicians that avoided the child, entirely, and the nurses who refused to have anything to do

with the dying child.[45] They admired the extent to which Nurse Moberly fulfilled her role as a nurse, a caregiver, for Baby Owens. They praised her for benevolence, for compassion, for perseverance (sticking to the task despite its distastefulness or painful nature), for her courage, and for her gentleness. In contrast, they suggested that the physicians and nurses who had nothing to do with Baby Owens were, as nurses, physicians, and "fellow human beings", derelict in their duties and lacking in compassion and courage. In short, my students faulted all but Sarah Moberly for moral failures. More than a few students appealed to the one or more versions of Kant's categorical imperative or to the biblical admonitions such as the Golden Rule -- "Do unto others as you would have them do to you."[46] However, several voiced their dismay about the actions of the Owenses and the physicians in terms of having failed in their roles. A natural reading of my students' responses to the story is they saw these failures as failures in their moral roles or duties in relation to Baby Owens.[47]

VIII

In this section, I discuss the characters in this story in light of the morally salient roles they occupy and whether what happened can reasonably be explained as a product of prudence or example of imprudence. On my account the virtuous person possesses the traditional virtues and exercises them via various morally salient roles or relationships. I accept the importance or centrality of prudence or practical wisdom and the unity of the virtues thesis. Actions that are temperate, courageous, just, compassionate and so on are also prudent. Put differently, the ideal of a virtuous person includes, necessarily, that one acts well or virtuously because one acts prudently. Additionally, I want to discuss the Baby Owens case in terms of role morality to see in what ways role morality is illuminating or helpful, both theoretically and practically. Also, I want to explore the extent to which apparent moral conflicts are better explained as apparent conflicts in roles that can be resolved by an appeal to prudence.

Let's begin with the roles of *physician* and *parent*. The normative understandings of parenthood and the role of a physician are similar. Each role has as its end the good of another person. In the case of parents, it is their children. In the case of physicians (and other health care professionals), it is their patients. Intending the overall well being or flourishing of one's child or one's patient exhibits the virtue called benevolence. Good parents as parents or physicians as physicians will need to possess a variety of other virtues as well, among them, not surprisingly, the cardinal virtues – prudence, courage, temperance, and justice.

In our story about Baby Owens, Joan and Phillip Owens are parents, not only of Baby Owens, but three other healthy children. Dr. Joan Owens is also a physician in private practice and regularly visits some of her patients at the Midwestern Medical Center, where she has just given birth to Baby Owens. On discovering that Baby Owens has Down Syndrome, she insists that Dr. Clarence Ziner, her obstetrician, "get rid of it," saying, "I don't want a mongoloid child." When they learn that Baby Owens' small intestine is closed off in one place, Phillips supports his wife's adamant decision to refuse to have a simple surgical procedure to correct the minor problem. By refusing to give permission for the surgery, the parents fail to act to support the present well being of Baby Owens, and the possibility of her future flourishing. They neither act benevolently nor compassionately, exhibiting, in contrast, both cold-heartedness (indifference) and malevolence or malice (active hostility) toward Baby Owens. It is their shared malevolent motives and intentions that are so morally disturbing. Clearly, with respect to Baby Owens, they act as bad parents.

[45] Munson, p. 631.
[46] Luke 6:31.
[47] I discuss these cases before I suggest that important dimensions of our moral lives are may best be explained in terms of moral roles.

Evaluating virtues and vices only gets us so far. How do we explain their failure in their roles as parents? Revealingly, they admit that they don't want to center their lives around a defective child because they "will be forced to lose out on many of life's pleasures and possibilities." They exhibit a kind of self-centeredness that is morally problematic precisely because the focus is on the satisfaction of their own desires rather than focusing on the needs of their children, the possible beneficiaries of their actions. One can't help but ponder to what extent the Owenses love their "normal children" only for the ways in which the children benefit the parents (fulfilling their desires for a certain kind of child whose successes elevate the parent's self-esteem or self-worth) rather than loving each child as an end in himself or herself and being eager to benefit that child.

One helpful way to think about a family is that its members constitute a natural society of friends. By natural, I mean that participating well in a family is a means of fulfilling our human nature. By society I mean a group of individuals united by common goods, institutions or practices. Human beings are friends when they have good will toward one another, and are aware of that reciprocated good will. In the best friendships, the friends will the good of the friend for the friend's sake, and not as a mere means to another good, and each friend is a person of virtue or good character.[48]

Augustine spoke of the family as a natural society of friends. The goodness of the family, and hence marriage, is constituted by the ways in which these roles help fulfill our shared human nature. Among the goods of the family are (1) a union of friends, (2) the procreation of children, thus enlarging of society of friends, (3) the kind of love displayed when parents care for their children prudently and tenaciously, (4) and the fidelity exhibited (among other virtues) between the husband and wife as they commit exclusively and permanently to one another, and which they display in their care for their children.[49]

In part, what is so deeply shocking about the Owens's cold-hearted treatment of Baby Owens is their clear rejection of this natural understanding of parenthood, the duties it entails, and the virtues sustaining such relationships require. It would be shocking enough, had they decided to put Baby Owens up for adoption, given their evident material resources, no doubt, sufficient to sustain their family well beyond the bare necessities for human flourishing. Yet their decision was to refuse a simple surgical procedure whose consequence meant death for Baby Owens, and a slow and, ultimately, painful one. It is their shared malicious motive to be entirely free from responsibility for and her and their shared intention that their daughter, Baby Owens, die that explains their moral defect as parents. It is outrageously at odds with the good will and compassionate feelings good parent exhibit with respect to their children, a natural inclination for most parents.[50]

In contrast to a gynecologist, a physician who specializes in the medical care of women and their reproductive system, Dr. Clarence Ziner is an obstetrician. Obstetricians specialize in the surgical care of women and their children during pregnancy, childbirth and post-natal care. Thus, Dr. Ziner has two patients. The first is Joan Owens; the second is Baby Owens. Given that Joan Owens suffered no abnormal physical trauma during birth, Ziner's attention is focused to other patient, Baby Owens, and her welfare. Not surprisingly, he is displeased when he learns

---

[48] NE, VIII, 2-3.

[49] For more on this way of understanding the family, "The Family as a Society of Friends," Donald X. Burt, O. S. A., *Friendship and Society: An Introduction to Augustine's Practical Philosophy* (Grand Rapids, Michigan: William B. Eerdmans Publishing Company, 1999), 77-98.

[50] That said, what parents ought to do does not derive from their present, occurent desires or inclinations, from what promotes their interests, from what produces the greatest good for the greatest number, from its satisfying God's commands, or some version of the categorical imperative. The relevant *telos* is what benefits their children. Parents ought to act to benefit their children is analogous to "carving knives ought to be sharp" and "teachers ought to be well-prepared for class." For more on the relation of moral roles to 'S morally ought to A' see J. L. A. Garcia, "'Morally Ought' Rethought," *The Journal of Value Inquiry* 20 (1986), 83-94.

that Joan and Phillip refused consent for the surgery, and reminds them that the surgery is low risk, that Baby Owens' life can almost certainly be saved, and that, despite Baby Owens' being somewhat mentally abnormal, she will not only get along quite well with the help of the family, but also that the family will grow to love Baby Owens.

Coldly, Joan admits that the family would likely grow to love Baby Owens but she does not want that to happen because it would require the parents to "center their lives around a defective child,"[51] thus, forcing them and their children to lose out on many of life's pleasures and possibilities.

Given his two patients, Joan Owens and Baby Owens, one might think that Ziner would have been conscious of a conflict in his roles as physician to each. Clearly he does not experience any such conflict. When the Joan and Phillip Owens refused to relent about their decision not to give consent for the surgery, his duty clear in his mind, Dr. Ziner sought to overturn their decision by appealing to the director of the medical center, Dr. Entraglo, and the head of the legal staff, Mr. Putnam. His motivation, no doubt, was his benevolent and compassionate nature. Were he asked to articulate his guiding principles he might have referred to the principles of beneficence and non-maleficence, which health care professionals are encouraged to think about. The principle of beneficence encourages one to do all one can to help the patient recover their health. The principle of on-maleficence requires one to do no harm to the patient. Clearly, Ziner was motivated the desire to do all he could to help Baby Owens avoid death and recover her health.

How should we understand the roles of Dr. Entraglo and Mr. Putnam? It is natural to think that the end the medical center serves is the wellbeing of the patients who find themselves at the Midwestern Medical Center. Dr. Entraglo is a trained physician and his position as Chief Medical Officer includes the advancing, maintaining and restoring the health of the Medical Center's patients. Call this his Quality of Care role. Additionally, he may be the Chief Executive Officer, and thus, the head administrative officer of the hospital. In that role he is responsible for all the various functions of the hospital and its various general operations. This includes not only managing the health care professionals on staff as well as the support staff such as accounting and finance, compliance, human resources, legal, marketing, and so on. An additionally significant end for the CEO and its board is that the Medical Center is profitable – as a fitting profit margin. Another end is that the Medical Center has the trust of, and is highly regarded by, its community. Call this complex role which he occupies as CEO Dr. Entraglo's Administrative Role. In some situations, perhaps often, these two roles, Chief Medical Officer and the CEO, are occupied different people, having equal status and neither is responsible to the other, but both directly to the hospital's board. And such an arrangement invites conflict. But, ideally, whether united in one person or not, how should they be related to one another?

What seems clear to me is that the Administrative Role should be regarded subordinate to the Quality of Care Role, at least when the care of a patient is at stake. If we accept this ordering of ends or goods, then Entraglo's aim as director ought to be this: to manage well the institutional practices permitted or required at Midwestern Medical Center so that these support well its health care professionals as they seek to benefit their patients as well as humanely possible. Since the medical center's practices, both in its Quality of Care and its Administrative role, will have legal implications and restrictions, Mr. Putnam's end ought to be this: to attend to the institution's legal well being. But if one understands Midwestern's legal well being to be subordinate to its Quality of Care role, and, thus, in service to their patients' well being, then it seems possible to have a clear ordering of the goods in view. As a medical center, Midwestern's ultimate end is to promote human flourishing by attending to their patient's health oriented needs. Additionally, it is easy enough to conceive a hospital whose Quality of Care Role is clearly understood by all who work at the hospital. Perhaps, such ordering of ends requires these two

[51] Munson, p. 630.

roles, Chief of the Medical Staff and a CEO, both of whom are fully supported by the hospital board, who articulate the hospital's mission clearly and in an edifying manner so that the hospital, both the medical and administrative staff, effectively implements their institutional philosophy. Both roles may be filled by one person or filled by two different people.

However, in our story, we see the good of the hospital, the Owens's perception of their good, and Baby Owens' good pried apart as we listen to the exchange between Putnam, Dr. Entraglo, and Ziner. Rather than beginning with a statement about what the hospital, legally, could do to protect Baby Owens' life, Putnam offers his legal opinion that the hospitable would not be legally liable if Baby Owens were to die because the parents refused to give consent for surgery. In doing so, Putnam aligns himself with Joan and Phillip Owens' desires rather than what is good for Baby Owens. Notice, too, that it is reasonable to insist Putnam is failing in his role as hospital attorney to advance or protect the hospital's primary end, to act on behalf of their patients with respect to their physical well being. In contrast, he acts to advance the Owens' decision "to get rid of her" by providing the legal opinion, no doubt well founded, that the hospital would not be legally liable if Baby Owen were allowed to die. What neither Entraglo nor Putnam ask is to what extent is the hospital, its director, its chief legal counsel, its physicians and nurses, morally at fault because they failed to protect Baby Owens from dying, slowly, when it was easily within their power to do so. It seems clear to me that they are at fault because they failed in their morally salient roles with respect to Baby Owens, as did both Joan and Phillip Owens as well. And while neither Entraglo and Putnam exhibited the malicious attitudes toward Baby Owens that Joan Owens did, they were callously indifferent to Baby Owens death, or so it seems.

How might we explain Putnam's response to Dr. Entraglo's suggestion that they could get a court order to require surgery? Perhaps Putnam's response reflects his understanding of his role as the head of legal counsel for the hospital. Perhaps he assumes that the aim or end for the legal team is to avoid legal entanglements of any sort, but especially costly law suits, all other things being equal. Perhaps, then, his habituated response to such possible entanglements is to choose, whenever possible, the "path of least resistance" or the "easiest" way forward.[52] And, of course, the latter is consistent with the former practical aim. If the hospital seeks a court order requiring surgery, then, given the strength of Joan and Phillip's resolve to refuse consent, it is likely that they will seek legal representation, which will have at least two significant consequences. Financially, the hospital will incur significant financial costs to achieve its end. Secondly, in so far as Joan regularly encourages her patients to use Midwestern Medical Center and to the extent she has influence on other physicians who encourage patients to utilize it, then the medical center runs the danger either antagonizing or polarizing the community of physicians (and other health care professionals) in its geographical area. Then, we might suppose the for Mr. Putnam, the "better part of wisdom" is to forgo pursuing a court order to require a surgery, since it serves a significant interest or good of Midwestern, its financial well-being. In contrast, I claim that this response is imprudent because the financial well-being a good subordinate to the good of its patients.

Notice what alternatives were neither suggested nor explored by Entraglo, Putnam, nor Ziner, much less Joan and Phillip Owens. Why didn't the parents, Joan and Phillip, consider putting Baby Owens up for adoption? Why didn't they leave the Baby Owens with the hospital staff, as a worst case scenario, and let the hospital staff contact local agencies that would help the child find a home? Why didn't Entraglo or Putnam consider calling the local child protective services and let them intervene on behalf of Baby Owens? Did the Medical Center have an Ethics Consulting Committee or a Patient's Advocate that could defend the interests of Baby Owen, in this case, against the wishes of her parents? If not, why not?

---

[52] This explanation was suggested by one of my physician friends.

Correlatively, and more specifically, in what ways were the moral failures alluded to above failures in prudence? Consider first the actions of Joan and Phillip with respect to prudence. If prudence is acting well or fittingly or rightly because one sees one' situation correctly with respect to genuine human goods, and one claims, as I do, that the Owenses acted badly, then one explanation is that they don't see the situation correctly. Their initial failure is a failure in theoretical wisdom. Clearly, they regard receiving Baby Owens from the hospital staff as their child and, then, coming to love her as they love their three normal children as a bad means to their actual ends, a life of pleasurable possibilities which would be dramatically, in their minds, hindered by lovingly caring for Baby Owens. One explanation for such a view is that no human beings have more than instrumental worth or value and that value is, primarily, in the eye of the beholder. This view is deeply at odds with both our shared democratic commitments as well as a many venerable religious and philosophical tradition that assumes all human beings, *qua* human beings, share a non-instrumental worth, thus, a basic dignity. On this latter view, Baby Owens has a basic dignity and her life is a good, even if she is mentally impaired. Given something like this as a theoretical truth about Baby Owens, their action in denying consent for a simple surgery is both malicious and imprudent. Another aspect of its imprudence is their unwillingness to temper their efforts to enjoy the pleasures of the world in light of their duties as parents to all their children, including Baby Owens, a form of intemperance. One way to make the point is to say that the intemperance of Joan and Phillip Owens helps explain their failures as parents in the relation to their daughter, Baby Owens, and this failure is also a failure of prudence.

What can we say the failure of the hospital senior administrator and legal counsel to act to defend Baby Owens against the malicious and imprudent actions of her parents? Much more can be said than I have space here to say. To begin, however, their response to the Owens's denial of consent is imprudent for several reasons. First, their decision assumes that Baby Owens has mere instrumental value. Or it assumes that using legal means to fight the Owens' decision is not worth the financial and other possible costs (say the possibility of alienating the physicians who work with Joan Owens). Second, Entraglo's deferential response Putnam, the legal counsel, is a failure of leadership, with respect to the ultimate aims of medicine, the care of the patient. His responsibility as both the Chief Medical Officer and the Chief Executive Officer, the hospital's senior leadership positions, is to choose those means that most effectively advances the hospital's proper ends. In merely deferring to Putnam's counsel of expediency he either acts inefficiently with respect to the Medical Center's true ends or hostilely towards those ends. Third, Entraglo fails to take seriously Ziner's suggestion that, in this sort of situation, Baby Owens has a legitimate legal and moral claim. In addition, he fails to be fastidious in exploring all the effective means that are consistent with preserving and enhancing Baby Owens' opportunities to flourish. Clearly, all these are failures with respect to prudence.

Finally, he fails to see two important further consequences of his failure to act on behalf of the well being of Baby Owens. On the one hand, if the hospital culture is one in which its ultimate end is the well being of the patient his failure to act to insure Baby Owen's well being may undermine that culture, demoralizing his physicians and nurses, and many of its staff, those whose good work in their roles allows the Midwestern Medical Center to flourish. On the other hand, should his action become public knowledge, his failure to act on Baby Owens behalf may destroy public confidence, and trust, in the Midwestern Medical Center. Physicians may choose to recommend that their patients seek other hospitals. People in the community may simply choose other medical centers, even if their physicians recommend Midwestern. Clearly if the medical center suffered this sort of failed public trust, then its capacity to be economically viable as well as its ability to serve the public and common good in its geographical area would diminish significantly. Since serving both of these ends well are central to Entraglo's joint roles as both Chief Medical Officer and Chief Executive Officer, these provide additional reasons to regard his response to Dr. Ziner, and more importantly, to the Owens' decision to refuse consent for surgery for Baby Owens, as imprudent.

One additional explanation of Dr. Entraglo's behavior is worth considering. Perhaps, he was uneasy about challenging the decision of another physician. Or he feared that should he seek the court order after all or call for an "ethics consult" or involve the Child Protective Services he would anger Joan Owens and any other physicians that share her instrumental understanding of human life and parenthood. If so, another vice Entraglo may have exhibited is cowardice. Since any act of cowardice is also imprudent, we have another way to more fully explain his failures of prudence. Courageous men and women know what goods are worthy of standing firm to defend them and prudent leaders know how best to defend them, giving the circumstances.

In conclusion, we do have one (two if we count Dr. Ziner) morally admirable character in the story. In contrast to the rest of the medical staff at Midwestern Medical Center, Nurse Sarah Moberly worked diligently to lessen Baby Owens's suffering and to make her dying as comfortable and non-traumatic as possible. Clearly, she does not will the death of Baby Owens. She merely wills what is good for Baby Owens, in these tragic circumstances. She fulfills her role as a nurse, a good nurse, within the circumstances and constraints that have been imposed by Joan and Phillip Owens, to which two key administrators at the Midwestern Medical Center acquiesce and contribute. Should she have done more? Should she have created a public outcry by going to the newspapers and other public forums that serve the common or public good? Given how little we know here about her prospects of success, especially given her specific responsibilities to the dying Baby Owens, perhaps the answer is "No" because there was nothing to be gained. In her role as nurse and final caretaker for Baby Owens, she acted compassionately, benevolently, and, prudently.

Dr. Michael Beaty
Professor and Chair
Department of Philosophy
Baylor University