Moral Reasoning in Applied Ethics: The Place of Moral Philosophy in the Ethical Discussion Concerning Reproductive Medicine and Human Genetics

Marcus Düwell

Introduction

The aim of this paper is, in many ways, difficult to achieve. The object is to clarify the position and the role of moral-philosophic considerations in dealing with problems in applied ethics. The topic is neither solely of moral-philosophical nature, nor is it concerned with the clarification of a bioethical issue itself. Rather the methodic connection of several dimensions of ethical reflection is my concern. The difficulty is that the perspective from which the methodic connection is looked at changes according to which position in moral-philosophy is taken. The thematic focus of the European Network for Biomedical Ethics will be the starting point for a general reflection on this methodological problem. To begin with, I will present some complexes of problems which are especially important for the network. In a second step, I will discuss some possibilities for constructing ethical theories. The specific ethical approach is not so important; rather, the position and understanding of the role of justification in the respective approach is the focus of attention. In
this process, the possibilities for presenting the specific problem area from the perspective of different ethical theory-building concepts should become clear.

**Part I: Reproductive medicine and molecular genetics: areas of ethical problems**

During the conception of the European Network for Biomedical Ethics, we were most concerned with bringing together and connecting the numerous isolated ethical discussions concerning reproductive medicine and molecular genetics. We had the impression that essential moral aspects of problems in biomedical ethics would be neglected, if the close association of technical possibilities and research development in medical areas were not recognised. Therefore, any ethical evaluation would fall short of its goal if these connections were not considered.

1. **Ethical Problems of In Vitro Fertilisation**

The ethical evaluation of in vitro fertilisation and the following embryo transfer (IVF/ET) already raise a host of questions. It would be very short-sighted to reduce the ethical question to whether or not artificial insemination should be allowed at all. There are hardly any fundamental objections concerning technical assisted fertilisation which are independent of the consideration of the implications that the development and application of this technique would have. On the other hand, the fact that there are no fundamental objections does not mean that it is morally allowed.\(^1\) The problem area is to be described as follows:

1. **What are the psychological and social consequences** for the woman who takes advantage of these techniques? This is a continuing problem because their low success rate brings unavoidable stress. In connection with this, other questions arise concerning counselling. Does counselling provide sufficient clarification of the problem? Are alternatives to assisted procreation presented? How are they presented, and what is the scope of their presentation?

2. **What is the moral status of pre-embryos, embryos and fetuses?** This question comes up in connection with cryopreservation, the production of surplus embryos, and research on embryos considered necessary for the continuing development of IVF.

3. **Is it only morally permissible** to offer couples technical means of fulfilling their wish for a child, or do they have a justified right to one? This problem implies the following: in case there is a right, society could be obligated to continue IVF development, which would have to have recourse to embryo research.
Whether society has an obligation to the couple, depends on the moral status of (pre-) embryos. If the embryo has rights, there will be a conflict of rights. If the protection status of the embryo is lower, such an obligation becomes conceivable. This latter case would also imply that the necessary financial means should be made available. However, to justify such an obligation it would first be necessary to show that no other moral responsibility has higher priority. If we assume that the (pre-)embryo deserves no moral protection, the assumption that IVF is allowed could legitimise continued development.

In order to ground an obligation on the part of society to make IVF/ET available and to continue developing the techniques, one would have to presuppose that a positive right exists. I will define positive and negative rights in the following way: A negative right exists when I have a justified claim not to be hindered in a certain action. Others are obliged not to harm me or hinder me in my action. On the other hand, a positive right implies my justified claim to support in reaching my goal. This distinction is not the same as “Doing and refraining from doing”. Protection of a negative right can require action as well. There is, however, a difference according to the recipients of both kinds of rights. A negative right is addressed to each agent. If I have the right not to be killed, everybody has the obligation to act according to that. But a positive right to education, for example, is not correlated to an obligation for everybody to teach me. The positive right is addressed to the community or to specific institutions.

Even if assisted procreation can be morally justified, requiring society to further develop techniques and offer them to the public remains to be justified. If there is no right to one’s own child and if the (pre-)embryo deserves protection, at least at a reduced level, it would be difficult to legitimise the use of embryos in research for the development of IVF. If, however, there is such a right, a lower moral status of the embryo could legitimise such an obligation of society. On the presupposition that there are strong arguments for the existence of that right, embryo research for the development of IVF would be only forbidden if the embryo had full moral status. In that case there would be a conflict of rights, but on the presupposition of a full moral status of the embryo the right of existence of the embryo would be of higher importance than the right to have a child.

4. Another dimension of IVF/ET development concerns the effects it has on our lives. It is difficult to formulate these effects, but they are undoubtedly important. From a cultural-historical point of view, conception and pregnancy have been seen as a process which the woman experiences in a special way, in that the process itself is uncontrollable. The naturalness of pregnancy has traditionally implied the woman’s passivity, which as an attitude has often ended in the death of the woman and the fetus. The woman’s social dependence was and still is significantly related to this
attitude. Many cultures compensate for this dependence by idealising the mother role. Given this background, the advent of technology in this natural experience seems to be an act of liberation. In the past, medical technology has basically served to control the birth process and its burdens. Nevertheless, fifty years ago Adorno and Horkheimer showed that the technical control of human nature releases a potential that can lead to ever more subtle coercion. Later, Michel Foucault made the same point. Domination of the human body by external forces is not the only concern. Rather, as Foucault describes in *La Historie de la sexualité*, since the late Roman Empire the body has increasingly become an object of self-control, an object of mistrust. In the 20th century, the woman’s body is viewed increasingly as an object of technical intervention and public observation. In connection with our work, we ask whether women perceive themselves as free from natural forces through the use of technology and whether the traditional, cultural-historical association of "woman" with "passivity" and "nature-bondage" being reproduced. In the case of intracytoplasmatic sperm injection (ICSI), a male weakness has been used as a reason for technological intervention in the female's body. This can be considered not only as a medical intervention, but also as a cultural intervention based on the associations it evokes.

These observations alone are not enough for a moral judgement. I am only interested in pointing out the central theme of how awareness changes. Public discussion and pictures presented by the media are less influential in shaping cultural awareness, regardless of whether they are experienced by one or several women. The mere knowledge of the various technological possibilities for intervening in conception and pregnancy changes the subjective relationship we have to this dimension of human existence. Reaching an ethical evaluation of these aspects is difficult, because such an evaluation must first be worked out hermeneutically. Many such descriptions seem to be speculative. It is also not directly apparent how these changes in dimensions of awareness can be evaluated ethically.

2. Ethical Problems of Preimplantation Genetic Diagnosis

The four complexes of problems described above arise when IVF/ET is viewed simply as a technique for treating infertility. The complexities of the relevant aspects increase, however, as soon as the possibilities of molecular medicine are considered in relation to IVF. Then questions come up which are beyond the scope of the aforementioned problem complexes. Since preimplantation genetic diagnosis (PGD) enables genetic diagnosis before the beginning of a pregnancy, it seems to present an important alternative to prenatal diagnosis (PND). Regarding morality, the following points of view seem to be especially relevant.
PGD can increase the couple's ability to decide autonomously. Risk couples can, if they are willing to take on the difficulties of IVF, have a higher degree of security that certain genetic diseases will not be passed on. This increases the number of options. A choice is created which excludes the problems of PND and a possible abortion. At the same time, however, there is a fundamental change in moral points of view in comparison to PND.

The first point of view again concerns the moral status of the embryo and fetus at different stages of development. In simplified terms, I presume that in PGD a totipotent cell would be used. This is not the case in certain methods and applications of PGD. How should one evaluate this? If only persons are granted moral relevance, then there is no immediate relative difference between discarding a fertilised egg and an abortion in an advanced stage of pregnancy. Personal characteristics such as self-awareness, freedom and the ability to act cannot be concluded in either case. Nor is there any difference in the evaluation of PND and PGD if we assume that at the time of fertilisation a single zygote becomes entitled to all moral rights. From either ethical position, there is no difference in regard to the moral status of pre-embryos, embryos and fetuses. When weighing up PGD and PND, only the burden on the affected woman is important in the first position. In the second case, weighing up would be unnecessary at all.

a) The moral status of the embryo in the context of the argument for human rights of Alan Gewirth

There have been several attempts to say that the embryo indirectly deserves moral protection. These attempts refer to the fact that the embryo has the potential to develop into a person, or that there is an identity or continuity between the person and the embryo he or she once was. This leads to different consequences. One side argues that a being who is related to the person through potentiality, identity or continuity should be treated as a person himself. The consequence of this position is that the woman and the embryo/fetus have the same moral status in case of a conflict in the pregnancy. The other side argues that embryos deserve a lower degree of protection because only agents have full moral status. In any case it is not evident how one can argue for the moral status of the embryo without referring to its potential to develop into a person. If the embryo is seen only from the perspective of its actual characteristics, there is no obvious special characteristic which is of specific moral relevance in comparison to the characteristics of other entities. But if the moral importance of the embryo is legitimate only from the perspective of this potentiality, then an entity which has moral relevance only by virtue of its potentiality to become a person has a different moral status to that of an entity which is a person.
D. Beyleveld argues in his paper in this volume against that kind of argumentation. The gradualistic concept I'm referring to here doesn't always involve the argument of proportionality which A. Gewirth uses in his book *Reason and Morality.* The principle of proportionality means that human rights can be possessed in degrees related to the degree in which the relevant features of agency are realised by a being. Beyleveld is right in arguing that this principle is valid. A different argument is the principle of potentiality for which K. Steigleder argues. Steigleder shows that embryos and fetuses deserve to moral protection but in a different way from agents. One can show that agency is the constitutional point for morality as such insofar as only agents can understand moral norms and protect each other. By means of the argument Gewirth presents, one can also show that each agent has a right to the generic features of agency. If that is the case, one has to ask what relevance this argument for a supreme principle of morality has for concrete moral judgements. For that question it is important to understand that agency is an ability which develops and depends on special characteristics of our being as a body. To this extent, agency is internally connected with elements which precede our actual or dispositional abilities to act. And if agency is the central element of morality, as Gewirth has shown, then it is as K. Steigleder says — "morally significant" that the embryo has the potential to develop into an agent. But that moral significance is on a different level and binding in a different way from the rights that are directly derived from the moral principle. A different proposal for an argumentation for the moral status of an embryo/fetus is the argument via the principle of precaution presented by D. Beyleveld. He argues that the supreme principle of morality shows what rights an agent has, but the question is: who is an agent? About that question we can not be sure. We have no metaphysical foundation for the existence of another agent. To the extent that we accept the high moral importance of the protection of an agent, we must be careful if we cannot be sure whether some entity is an agent or not. And thus — Beyleveld argues — the principle of precaution is a reason for us to protect embryos and fetuses. So far Beyleveld. I think that it is correct that the principle of precaution is important for the application of the Gewirthian moral principle, but I can not see that it is especially relevant for the case in question. Beyleveld only refers to the general metaphysical uncertainty of the existence of another agent. But in that respect there is no difference between fetuses, animals, and other entities. Beyond the general metaphysical problem we have no evidence for a special uncertainty concerning the agency of an embryo. That means that we must give the same level of protection that we have to give to the embryo to animals, stones, landscapes, computers and bottles of wine as well. Doing that, however, would be a way of showing that the supreme principle of morality isn't applicable. The specific status of a human embryo is not to be understood by
looking only at its actual capacities. We can only understand it if we see the embryo in the development of the specific features which are so important for being a possessor of the moral rights. I can't go in detail now. But I think that we can also only understand our various conflicts concerning the use of embryos and fetuses if we make the assumption that these possess moral importance but of another kind than the moral right of the pregnant woman.

b) A comparison between prenatal diagnosis and pre-implantation genetic diagnosis

A comparison of PGD and PND shows two major differences:
1. In PGD the diagnosis and decision to implant or discard an embryo is carried out on an early embryo or a pre-embryo. At first sight, the gradualistic concept of protecting the embryo seems less of a problem. 2. On the other hand, how can we describe the conflict situation? With PND, a diagnostic technique is offered which is carried out when there is already a pregnancy. This means that the embryo/fetus deserves protection and this conflicts with the right to self-determination of the mother. The woman has the last say because the embryo is a part of her. The partner's responsibility arises from his relationship to her. We can differentiate several viewpoints from which a decision can be made. It is decisive that an abortion can be legitimised only in relation to the pregnant woman. The conjectured condition of the future child is only relevant in as far as the woman anticipates her future life and its associated burdens. Only the conflict between the fact that the embryo deserves protection and the woman's right to self-determination, coupled with the assumption that the rights of an individual who has full moral status outweigh the derived moral status of the embryo, provide a foundation for the moral imperative which leaves the decision to the woman.

With PGD, however, there is no pregnancy, and thus that specific conflict is eliminated. It must be reasoned that the woman and (since couples usually claim the services of PGD) the couple not only have the right to decide against a particular pregnancy, but even more, that they have a positive right to have a child without certain handicaps. However, this reasoning does not establish a right, as opposed to the reasoning leading to a free decision in the case of PND.

The moral evaluation would be different, however, if we could show that the moral status of the early embryo or pre-embryo is significantly different from that of the later embryo. Within the scope of a gradualistic concept concerning the moral status of the embryo, the question would be whether the differentiation of the fertilised cell is at all morally relevant. This reasoning could refer to the consideration that there is no such identity relationship between the pre-embryo and the future person as exists with the embryo and the fetus. An ontological identity is first established after the completion of the differentiation between embryo and placenta, or possible multiple
embryos. The completion of identity formation in this context is certainly a important point in the gradualistic concept. However, this break cannot be construed to mean that a person holds rights immediately after it occurs. Despite that, the break is significant. Whether this point is then so significant that there is no moral status before its completion is another question.

Along with these questions which are connected with the moral status of the embryo, there are a number of fundamental questions which concern the entire area of early genetic diagnosis. What is the legitimate subject of a diagnosis which is coupled with an abortion or the rejection of a pre-embryo? Certainly it can be reasoned that only the woman (and secondly her partner) can be the subject which decides. However, the possible moral perspectives for her decision haven't been named. In our context, it is relevant that the decision to subordinate the embryo's protection can be legitimised only by the woman's rights. This could occur if a severe handicap is expected, a handicap which would be a burden for the woman and/or the couple. However, where we draw the limit is of central importance. Since no medical definitions which could help us set limits are available, the question becomes which handicaps can be considered unreasonable. We could reason that each woman must decide for herself. But we have to consider the enormous pressure accompanying such a decision. Not only the individual woman faces pressure. But it is irrefutable that a discussion of which cases should be cases of genetic diagnosis will have consequences for the social recognition of people with the specific disabilities discussed. The social context in which the decision is made is also of vital importance for the ethical discussion. The individual right of the woman is the major reason to substantiate a free decision. At the same time, numerous factors influence the freedom of the decision. At the latest, the question of which cases physicians should recommend for genetic diagnosis is the point where a break occurs. Here the individual decision meets the public discussion about disabilities. It seems obvious that the mere existence of the possibilities of genetic diagnosis changes social awareness and the individual experience of pregnancy. There is e.g. a notorious discrepancy between the number of pregnancies estimated to involve genetic risk and the number of children born with genetically related disabilities. In addition, dealing with genetically disabled children is increasingly becoming a factor in the decision. There is hardly any doubt that these factors are important both socially and ethically. This sketch of the problem area gives rise to the following ethical questions:
1. What is the moral status of the (early) embryo and the fetus?
2. Which interests and rights are involved in the decision-making process and how should they be weighed up?
3. What is the relationship between the individual decision-making process and the social context from two perspectives:
   a) in relation to the social influences on the woman's decision and
b) in relation to the effects of the existence of the possibilities of genetic diagnosis on social acceptance of disabilities?

4. Is it possible to make an ethical evaluation of changes that are connected to reproductive medicine and early genetic diagnosis?

**Part II: Moral philosophy and applied ethics**

From a moral-philosophical perspective, even my attempt to describe the problem area is biased. I have inserted a number of assumptions into the description. Now we need to elucidate this process in terms of methods and moral philosophy. In addition, alternative ways to tackle the problem must be confronted. I will pursue three topics:

1. Coherency
2. Moral rights
3. Social ethics and normative ethics.

**1. Coherency**

I have supposed that moral rights and duties, the moral status of embryos, and moral evaluation can be argued about through reasoning. Up to now, I have mainly pointed out what consequences result from different normative preconditions. Basically, this has been a descriptive and hermeneutical process. We start with a problem which has come up in the discussion and work out normative preconditions which are the basis of the moral judgement expressed. In the next step, we try to describe coherent evaluation possibilities starting from expressly or implicitly assumed moral convictions. Two criteria can be applied to this procedure: the **internal coherency of the moral judgement**, and the **completeness of the problem description**. The meaning of such an inspection is the question which logically follows. Although internal coherence is an essential prerequisite for any ethical reflection, it is obviously neither adequate for grounding a moral standard nor for backing up a recommendation for action. We can try to back up those convictions which are based on moral judgements by extrapolating them from our daily moral convictions. Beauchamp and Childress introduced their four "Principles of Biomedical Ethics"\(^1\)\(^2\) in this sense. Using these principles, one ought to be able to structure the lines of argument in a discourse, to comprehend conflicts, and to facilitate medical-ethical argumentation. This approach is so attractive because it is built on moral convictions present in everyday life. It seems acceptable to anyone doubtful about the possibilities of moral reasoning. Furthermore, it is attractive to those who view moral reasoning as possible, but doubt that a real public consensus about moral fundamentals is possible. John Rawls advocates looking for an overlapping consensus which is
substantiated by differing normative general theories. This is not a substitute for moral-philosophical discourse, but the latter loses its importance in clarifying controversial questions. The theory of Beauchamp and Childress and the "overlapping consensus" of Rawls appeal to those who are attempting to reach an effective social consensus. There are, however, some basic problems to this approach. The first problem is which point of view should be chosen. The structure of the problem area is based on this perspective. The Beauchamp/Childress approach, for example, was criticised because the choice of principles and the contents are arbitrary. As a matter of fact, the details covered in the consensus are obscured rather than clarified by the principles. The principles are really formal compromises which create the impression of unity. Because of the obscurity of the principles and their position in the overall complex of moral argumentation, the problem shifts, with the interpretation and evaluation of the principles becoming the actual task of ethical reflection. This approach reflects only the convictions of individual persons or social groups. Its contribution to the critical clarification of controversial questions is therefore doubtful.

The status of the results of such coherency tests is thus unclear. It is always possible that the basic moral convictions could be false. Obligations cannot be identified using this method. This is even more disturbing when the results of such a consensus are made law and become binding for all members of society. The basis of the obligation has not itself been grounded. The coherency test cannot even substitute for a legitimation of that kind of obligation that is the result of a political dispute, the result of a democratic decision-making process.

Political decisions, however, take into account only majority opinions. It is not the task of moral experts to achieve political consent. In politics there are no moral experts, only representatives of the people. And it is not apparent why there should be departments and institutes for ethicists, ethical research projects or ethical dissertations to achieve this. In this respect, ethicists would be wise to limit themselves to their expert function. Their competence goes only as far as their theoretical claims can be justified. It is not their task to function as a substitute for political decision-making processes.

However, ethics is gaining in political and social importance because of the claim to moral legitimacy made by modern constitutional states. Human dignity, human rights and duties to assist other humans are normative concepts used to ground legitimacy in social discussions. Whoever wants to help infertile couples by means of IVF or to help risk couples by genetic screening asserts his or her moral intentions, at least rhetorically. In addition, whoever sees this assistance as a social task claims, implicitly, that there are such things as public duties. These duties justify the use of public funds to develop the corresponding technical aid.
This all means that moral claims are a part of our communication about the responsibilities and aims of medical technology. This is also true when there is a sceptical attitude toward moral claims and when the discussion is limited in terms of morality. Even if the attitude exists that the legitimacy of a technique cannot be judged as binding in each case, there seems to be minimal agreement that these techniques can only be applied after free and informed consent. It is exactly this position of appearing to be the only remaining generally accepted moral conviction in a pluralistic world that gives the notion of informed consent such central importance. How is the demand that informed consent be respected validated? If it is claimed that the right to self-determination legitimises informed consent, then the validity of this right is claimed implicitly. However, if informed consent is viewed simply as a practical instrument to regulate a conflict, its central importance is no longer anchored. After all, there are other means of regulation. It then follows that the general acceptance of informed consent can be shown to exist only as long as the right to self-determination is generally recognised. If that is not the case, then its acceptance can not be morally required.

Because of the obvious presence of moral arguments in social discourse, it seems reasonable to assume that the task of medical ethics is to examine critically the validity of those arguments. Thereafter, however, medical ethics is not responsible for creating a consensus. Instead, it is limited to exploring the possibilities for argumentation. In limiting itself to these tasks, medical ethics fulfils an important political function, an argumentative function which politics cannot fulfil. Politics, on the other hand, not ethics, is responsible for arriving at a consensus and reaching a compromise. Exactly that which distinguishes politics from ethics, is what gives ethics its political function. If ethics tried to be a pseudo-political institution, an unavoidable problem would arise: not all social groups would be represented. Educational prerequisites would exclude this possibility. Ethics would then become the agent of obscure interest groups.

In order to enter the medical-ethical discussion about the validity of moral judgements in relation to medicine, ethics must have a basic attitude of openness to moral cognitivism. Ethicists must at least consider it possible to validate moral judgements through reasoning. Otherwise the argumentation process has little meaning. Ethics would then lose its function as the theoretical reflection on our moral convictions and experience.

2. Moral rights

In our context, when ethics tries to question the validity of moral judgements, it is confronted with claims. Like Gewirth, I too would like to talk about "moral rights" in the sense of "claim rights". Rights then mean justified moral
claims. Moral claims are very closely related to our problem. In describing the problem, I questioned whether couples have the right to have a child, whether they have the right to a healthy child, and to what extent the embryo and fetus have rights.

If the discussion does away with moral rights, then the problem description would have to replace the word "rights" with "interests". It follows that there would be no conflicts of rights, but only conflicts of interests. Conflicts of interest, though, are not ipso facto moral conflicts. A's interests are simply placed beside B's interests. The conflict would first be moral if A's interest was related to B's by demanding that B respect and take into account A's interest, and if A thought that he was entitled to this respect. A's demand would be a moral claim because he maintains that he possesses the corresponding right. Of course we could choose different terminology, but the question would remain the same.

If we sacrifice the idea of moral (claim-)rights, the demand for an impartial consideration of interests suffers on two counts. First, it is not clear why interests should be considered impartially. We can't conclude this simply from the fact that there are interests. On the other hand, talking about impartial consideration of interests does not provide criteria for deciding which interests deserve consideration and which do not. Therefore an examination of rights provides a more suitable framework for understanding moral conflicts. At the same time, the status of rights is uncertain. R. Brandt maintains (in a simplified version) that awarding someone a right means, in certain societies, that it is reasonable for that person to be strongly motivated to assert his claim priority in a conflict.16 This view, however, levels the claim to validity, which is connected to the assertion of a right, in comparison to other claims. "Strong motivation" is also possible in other cases, not just in the case of rights. From a moral perspective, a special priority is accorded to rights, in as far as moral rights have a claim to priority when one's own interests oppose social convention or even the law. The claim to prior consideration alone leads to a corresponding character of duty, simply from the concept of rights.

J. Habermas doubts that rights have a genuine moral nature. Rights in the sense of human rights are, according to Habermas, intrinsically juridical in nature.17 Human rights have been fought for historically, and in modern constitutional states all citizens have been granted basic rights. When inborn rights are mentioned in classical human rights declarations, it does not mean they have been placed at our disposal by the state. They have been fought for and won throughout history. But which human claims and interests deserve to be granted to each and everyone? Since this is not ipso facto clear, human rights themselves give rise to the question of which potential rights should be established as legal norms. We discuss moral rights as soon as questions of legitimisation of human and citizens' rights appear.
By bringing rights into the area of morals, I will in no way challenge the establishment of legal norms. I will, instead, show that the reason for legitimisation lies in the moral realm. Only if it makes sense to talk about moral rights is it at all apparent why reflection on the right to life of an embryo is a question of ethics. If we understand rights only as juridical concepts, the question of ethics arises only in terms of the establishment and interpretation of legal regulations. Then it has little meaning, whether ethicists or general philosophers approve of or deny the right of life to embryos.

The mere discussion about the different claims of moral rights brings up the need for justification. Since a moral right makes a claim which can be critically applied to juridical rulings and conventions, it follows that justification of the moral right cannot originate from referral to existing conventions and laws. Making a moral claim itself refers to the question of which rules and principles can prove its justification. Consequently, when we attempt to understand what makes up a moral conflict, we reason. Applied ethics cannot avoid questions of moral reasoning.

3. Social and normative ethics

Up to this point, I haven't shown that the process of moral reasoning can be carried out successfully. Neither do I intend to show this. I consider moral reasoning, as presented by A. Gewirth, to be successful, but I will not demonstrate that in this paper. Something else is more important. I wanted to point out the status of the question of moral reasoning within the framework of applied ethics. An ethics of principles, which I support, is often faced with prejudices. It is viewed as empty and formalistic, as deductive and insensitive to certain contexts of action. It is also seen as incapable of respecting the concreteness of situations of action. None of this is true.

Criticism of Gewirth's position as lacking content and being formalistic is clearly false. The highest moral principle, the principle of generic consistency (PGC), demands the respect of the necessary features of agency. Therefore the principle has ipso facto content. But it is more important to me to show how reasoning out a moral principle can be brought together with social contexts. In addition, I want to show that its application is not carried out deductively.

In the new ethical discussion, the ethics of principles is compared to a comprehensive ethics of the good life.19 The relationship between these two dimensions can be seen as competitive or complementary. We can try to interpret all ethical problems by asking how it is possible to lead a good and successful life. Ethical problems then become a dispute over what a good life is. This position presents two problems. First, it cannot be proved that moral obligations arise from the fact that someone shows what the essential elements
of a good life are. The mere fact that elements are identified obliges no one to behave accordingly. Secondly, an ethics of the good life has problems with pluralistic life-styles. It has difficulty recognising that there are different morally acceptable life-styles because it claims to solve moral conflicts by showing what the elements of binding life-styles are.

If the relationship between normative ethics and the question of the good life is understood as complementary, these problems disappear. The task of normative ethics is to show which moral rights and duties exist. By showing which rights can be justified and which actions are morally allowed or forbidden, a space is opened for actions which are not subject to moral obligations. The area of moral rights is not only anchored, but it is at the same time limited. By a strict moral-philosophical examination of normative claims, an inflationary expansion of moral rights into all areas of human life can be prevented. In this way, an area in which questions about the good life have their place is described. Morality claims primary consideration in shaping human life. But it does not eliminate the need to ask which elements belong to a good life. However, it does take the moralising out of this question.

Now, from the perspective of an ethics of moral rights, it is not necessary to see the relationship between the two areas as one in which normative ethics identifies and protects several basic rights while everything else is morally neutral. An ethics of principles is even more necessarily a social ethics. This is connected to our basic understanding of applied ethics. An ethics of principles can carry out strict moral reasoning only at a general level. But applied ethics does not proceed deductively. There is no deductive relationship between the general moral principle and its application in a concrete context of action. This has far-reaching consequences for our topic. In the problem I described at the beginning, I tried to show that, in regard to morality, the psycho-social stress of IVF, the practice of counselling for PND, and the discussion of the concept of disability relating to possible indications for PND are morally meaningful. Within the framework of an ethics of principles, the task of applied ethics is, firstly, to give the most comprehensive description possible. Secondly, it should make judgements on the basis of the moral principles which have been justified. Gewirth's position gives rise not only to the question of which rights are directly touched upon when this techniques is applied. Also important is how effectively it can be guaranteed in the long term that the individual is aware of his rights, that they are protected in the long term, and that a social climate is created which makes the protection of these rights possible. You have probably noticed that this formulation is relatively vague. This vagueness results from the fact that the application of moral principles to concrete situations means that only a few actions look directly moral or immoral. As soon as one is faced with the complex connections of a modern society, the social-ethical dimension of the protection of moral rights gives rise to such high
complexity and depends on so many factors that applied ethics becomes a difficult business. The more complex relations are, the more prerequisites for validity arise in any one concrete case. In applied ethics as in social ethics, we are concerned with understanding the social context and effects of new medical techniques, as well as judging them on the basis of what is moral-philosophically provable. The validity of the concrete moral judgement depends on two factors. Firstly, it depends on how well and how thoroughly the connections of the situation of action are described, and secondly, on the success of the moral-philosophical reasoning.

The connection between normative ethics and social ethics is conceived in a completely different manner in many liberal concepts of ethics. From the liberal point of view, only those actions are morally dubious or forbidden which directly threaten the freedom of another. This genuinely moral dimension is understood as an area in which only categorical arguments count. If this is not the case, only practical or social-political problems arise. If the moral area is understood in this sense, a connection to social ethics is not possible.

The question of moral reasoning is also relevant to which dimensions can play a role in moral evaluation at all. From a liberal point of view, the social conditions for the use of IVF and molecular medicine are the subject of ethical reflection only in a limited form. From my own reflection, it is exactly the degree of generality in moral reasoning that makes it necessary to connect them with a comprehensive understanding of the concrete context. Normative ethics therefore unavoidably becomes social ethics. From this conception of the relationship between moral reasoning and social ethics it becomes evident that it is important whether the technical possibilities of reproductive medicine and molecular medicine influence the subjective awareness and experience of pregnancy. However, moral relevance must necessarily be less precisely formulated as the direct application of the moral principle of the rights of individuals.

Closing remarks

I have tried to describe the problem area of our network and to point out ways of approaching moral evaluation. In doing so, it was important for me to show that in all approaches to ethical evaluation in applied ethics, prerequisites pertaining to the task of ethics are laid down which are based on fundamental concepts of moral philosophy. Applied ethics and bioethics cannot bypass questions of moral reasoning. At best, they can presuppose that it is impossible to solve questions of moral reasoning rationally. Then the necessary consequences should be drawn and no more attempts to claim the existence of moral obligations should be made. But then no claims can be made
for self-determination, there can be no duty to help, and no demand for informed consent as a moral demand. I suspect that moral conflicts could not even be described.

The anchoring of moral principles must once again refer to the complex process of application in a society where the different contexts of action are difficult to understand. A simpler path for clarifying moral conflicts would only be possible if we refused to recognise this complexity. However, it would certainly not be the best path.

Notes


3 In the papers of Regine Kollek and Jean-Pierre Wils in this volume you will find some examples.


10 For a short overview over the argument see the paper of Beyleveld in this volume.
18 „Act in accord with the generic rights of your recipients as well as of yourself.“ Gewirth, Reason and Morality, p. 135.
19 For example: Krämer, H. (1992), Integrative Ethik, Suhrkamp: Frankfurt a.M.

References