

## Coherence and Applied Ethics

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**ABSTRACT** *In order for a moral theory to support application it must be able to provide determinate answers to actual moral problems or, at the least, to significantly narrow acceptable options. It must also support the development of a genuine consensus, one that is disinterested, reasonable, and unbiased. I argue that theories concentrating on principles, or on rules, or on particular cases fail to meet these standards. A full coherence theory, taking into account principles, rules, practices, and judgments holds the greatest promise for successful application. I present a detailed outline of a full coherence theory that is principled, pluralistic, and comprehensive. This coherence theory includes three basic principles (expressed both negatively and positively), but binds these, in terms of their explication and application, to rules and practices. This theory respects current practices but also directs us to change practices and institutions and even the interpretation of basic moral principles. The theory includes ways to determine which aspect of moral experience should take precedence in given circumstances, ways to determine who has particular obligations, and how — by means of a mutuality principle — value may be enhanced under conditions of value conflict.*

### I. Introduction

Philosophers doing applied ethics have argued, with much justification, that ethical theories based on either one or a small number of principles — for example Kantianism or utilitarianism — are too abstract to offer a satisfying resolution of concrete moral problems [1]. As a result, some have moved to less abstract views: middle level theories based on moral rules; virtue-based theories; case method techniques; intuitionistic particularism. Unfortunately, these approaches also fail to meet the requirements of an applied ethic.

An applied theory should be able to give guidance by providing determinate answers to actual moral problems. This seems like an obvious requirement. No reasonable theory, of course, can answer all moral problems. However, we can insist on determinate answers to a wide range of problems and on a narrowing of options in more difficult cases. Furthermore, the success of actual application depends on the ability of a theory to generate solutions supported by a genuine moral consensus. A *genuine* consensus is disinterested and reasonable, not one based on self-interest, power relations, or bias. A mark of an inadequate applied theory is one which holds little promise of generating such a consensus.

I claim that the approaches to application based exclusively on principles, moral rules, virtues, or particularistic methodologies are inadequate. They do not produce determinate answers — at least well enough — and militate against a more or less unbiased consensus. Instead, I argue in favour of a coherence approach to application, an approach that attempts to bring to coherence many components of moral reasoning: ideals, principles, rules, practices, and judgments. Such coherence is developed and defined in relation to mutual

support among levels, absence of conflict, strong inferential and definitional relations. The system I shall outline is designed to bring *our* moral experience to coherence. This complex system is able to deal with the overbearing number of variables one encounters in actual application, yet is able to offer principled guidance capable of supporting a genuine consensus.

In the following sections, I briefly examine approaches to applied ethics I take to be inadequate and then present a coherence view capable of supporting application.

## II. Principled approaches

Real moral problems are complex. Complexity arises because the context of moral difficulties involves many variables — for example, surrounding institutional practice, legal obligations, ingrained social practices, influences on agents and patients, and difficult-to-predict ramifications over time. Theories based on a few principles give little or no guidance on how to control on or to identify morally relevant factors. This is why counterexamples to Kant's deontology and utilitarianism are so easy to generate. We may universalise in many ways, each potentially drawing criticism based on included or omitted items, or on controversy over exceptions. Kantians have not provided adequate guidance about universalising; this leads to a failure to offer determinate results and increases the likelihood of disagreement. Similarly, utilitarian theories specify the 'good' in many different abstract ways, none yet producing a consensus. Furthermore, each view on maximising the good leaves us to speculate on how this is to be done in actual application.

Because they take abstract approaches, Kantian deontology and utilitarianism invite us to interpret their central moral algorithms by adding, implicitly or explicitly, independent value orientations. For example, Kant was willing to condemn all lies; nevertheless, universalisation does permit built-in exceptions. His theory does not give us advice about how to make exceptions. We expect that our own possibly biased views, current practices and values will influence acceptable universalisation; the theory itself offers few recommendations about how exceptions are properly made. Similarly, we can support almost any view, even the ridiculous claim that we are morally obliged to destroy the entire world, with predictions of future happiness. Utilitarianism is an invitation to speculation about an indefinite range of consequences. Serious attempts to apply the greatest happiness principles will incorporate, one way or another, extraneous, uncontrolled moral values.

The previous paragraph accepts, for purpose of argument, the application of a particular principled theory and then makes the claim that such theories inadequately guide application. However, both Kantian and utilitarian theories centre on partial aspects of our moral experience: consistency and specific consequences. By excluding other values in advance, both are hostile to a disinterested and reasonable moral consensus. Neither theory can adequately deal with the value often placed on freedom, equality, welfare, justice, moral rules, and local practice.

I want to state clearly my basic objection to principled theories: they are not able to offer guidance about how to include and control on a plethora of values that can influence the way principles are applied. Actual application of such theories will almost always include the use of additional values; those values cannot be evaluated by the main principles without vicious circularity. Since such values have no explicit role, we expect indeterminate results and moral conflict.

### III. Particularism

Particularistic approaches to applied ethics reject the use of high-level principles and repudiate the use of moral rules. Particularists, such as Jonathan Dancy [2], argue that the complexity of moral problems makes myopic any application of a single moral principle and that potential conflict in application among principles stultifies the use of any larger number of principles. He concludes: use no principles. ‘So the progress is from *monism*, the view that there is only one moral principle, through *pluralism*, the view that there are many, to *particularism*, the view that there are none.’ [3]

Dancy states the particularist’s view too aggressively. By rejecting rules or principles, or any moral guidance, he invites moral decision-makers to make any claims that seem appropriate. This frustrates moral debate and reasoning and leaves morality devoid of a defence against blatant bias. Nothing stops the particularist from coming to a determinate decision, and nothing suggests that such a method will produce a consensus. In the face of bias and random judgment, Dancy merely points out ‘salient’ features of a case. One person can influence another’s judgment by underscoring apparently compelling features: a child’s pain, the deprivation of freedom, deceit, and so forth. This, however, brings Dancy close to advocating rules as the guiding force behind moral decision-making. If so, Dancy fails to explain how he escapes conflict over salient features; if not — and then salient features are merely ways to direct our attention so that we ‘see’ the whole case before making our decisions — he fails to protect decisions against bias. Nothing in the method stops a biased particularist from making different judgments in similar cases, as close as we like; this is an embarrassing result.

Those who understand the failure of abstract principles may accept Dancy’s negative characterisation of other theories but also reject his reliance on unconstrained judgments. Constraints on moral judgments need not be based upon rules or principles; similar cases can be decided similarly by the use of paradigm cases. This is the case method. Casuistry also accepts paradigm cases exemplifying dicta — for example, not to steal — which are much like moral rules. But paradigm cases show the circumstances under which dicta hold; other cases, divergent from but closely resembling paradigmatic cases, show when the ‘rules’ fail and what decision should be made under those more unusual circumstances. With enough cases decided, the hope is that we can find cases that match our own circumstances, and with a close match we can make the same morally correct judgment.

This brief statement of the technique exposes a flaw. Who makes the original judgments over paradigm cases? John Rawls proposed [4] that morally respected judgments are those made by competent judges, those who: have at least normal intelligence; have adequate knowledge of the likely consequences of actions; have an ability to consider questions with an open mind; take their own prejudices into account; and have sympathy for both sides in a particular case. We should have greater confidence about decisions when the judge is immune from the consequences of the decision and the judgment results from thoughtful inquiry into actual conflict. Furthermore, a particular judgment gains in status when the judge strongly believes the judgment is correct and other judges come to similar decisions in similar cases. Rawls proposes that principles can be developed inductively from such the judgments of competent judges: these principles can be used by those who are not competent judges to make morally correct decisions. Thus, Rawls presented what we might call a *mixed particularism*, although one that gives primacy to a set of particular judgments.

Questions about Rawls' competent judges are easy to raise: How does the judge make decisions? Can we expect competent judges from different places or different times to make different judgments in similar cases? Can people adequately control their own prejudices? Again, although determinate judgments may be reached, we have little confidence that they can produce widespread consensus.

Casuists, more genuinely case-oriented than Rawls, suffer a similar criticism. For example, Albert R. Jonson and Stephen Toulmin argue in favour of casuistry, but, oddly, seem to find its best support in local social practice:

At its best it [casuistry] learns and benefits from the heritage of theology, canon law, and penitential discipline, as developed over the previous centuries, and draws from those sources reasonable and convincing moral discriminations. At its worst it remains mired in the confusion of distinction without differences, and overwhelmed by the diversity of available opinions. [5]

Daniel Callahan correctly objects that casuistry at its best presupposes 'a whole variety of cultural conditions and shared world views which simply do not exist in society at large.' [6] This problem is similar to that found with Rawls' competent judge. A particular point of view, one that may be idiosyncratic, can dominate judgment. Bias is not adequately addressed.

Albert Jonson's influential case method work in *Clinical Ethics* [7] seems to develop paradigm cases based upon the best of current practice. This also presents a similar difficulty, one Jonson seems to recognise. Actions are justified in contexts that themselves may be morally improper. Institutional practices, perhaps needing reform, are assumed. He claims that clinical ethics 'does not explore the need for reform or suggest how reform might be accomplished. Indeed, many of the problems it does discuss arise within and, probably, as a result of institutions, programs, and policies that are themselves unjust.' [8]

Whether the support for the case method comes from competent judges, cultural traditions, or refined current practice, the criticism is the same. There is no way, in principle, to control on local bias. This means that theoretically speaking there is no way out of entrenched judgments: a harmful practice that refuses to recognise personal freedom and interpersonal fairness can produce consistent yet morally objectionable judgments. The case method refuses to recognise the validity of moral principles and rules, and it fails to direct our attention to the moral status of background conventions, practices, and institutions.

#### **IV. Moral Rules**

The moral approaches examined so far are at or near the extremes. A principled approach operates on a highly abstract level, with one or two principles attempting to account for all moral decision-making. Particularism attempts to stay close to the context of application. Extreme particularism simply points us to local circumstances, while the case method hopes to present richly articulated models against which we may measure our moral responses. I argued that each method fails. A natural alternative is to advocate a middle-level position, one that avoids the problems of the excessive vagueness of moral principles and the provincialism of contextual judgments. The middle path is occupied by a list of moral rules

with the subject matter of each relatively well specified but broad enough to elicit widespread support, perhaps even universal endorsement.

Bernard Gert argues in favour of a full system of moral rules [9], including rules like 'Don't kill,' 'Don't cause pain,' and 'Don't deprive of freedom.' [10] He claims that 'The value of using a moral system is that it allows one to judge a situation with an impartiality that is almost impossible to achieve when one considers only the particular case.' [11] Gert's rules, at least when taken in a *prima facie* way, are difficult to fault; it is difficult to take seriously a *prima facie* objection to a prohibition against killing or causing pain. So the strengths of his system are clear: with a rich set of rules we can expect determinate answers in many cases, and with universal endorsement we expect broadly supported judgments more or less free of personal bias.

A middle level approach has force, but care must be taken not to think of it as a system that includes the strengths of both a principled approach and particularism. The principled approach establishes broad, basic goals in moral behaviour and particularism tackles the full contextual complexity of actual application. I question whether a rule-oriented approach such as Gert's is able to account for the appeal of the views he rejects. Initially, one suspects trouble because Gert's rules are negatively stated. He insists that 'morality does not have any positive goal at all; rather it sets the limit on what can be done in following any positive ideals . . .' [12] Yet morality often involves struggle over the price we pay for advancement of positive goals. The physician does not desire to cause pain, but often does so without believing that the positive attainment of good health is blocked by Gert's rule.

Moral rules may establish *prima facie* standards for behaviour, standards which are frequently followed. But moral rules themselves must be justified or accounted for; this is a more difficult task than either a general abstract approach or particularism faces. How does a rule make Gert's list? Furthermore, we must have some technique to handle conflict among rules. What happens when the rule prohibiting deceit conflicts with the rule against harm? Gert answers these questions by an appeal to *rationality*. A rule makes his list when it is not irrational for all rational people to accept it [13]. Conflict among rules, and so the need to make exceptions, must be rationally mediated. Gert thinks this can be done by carefully considering what an impartial, rational person would publicly advocate [14]. But the concept of rationality, which bears heavy weight in his system, is obscure, even more obscure than abstract principles rejected by rule theorists [15].

Perhaps Gert's insistent denial of a role for principles is his problem. The rule-utilitarian gives us a way to establish moral rules by an appeal to the demand to maximise good through the use of tightly binding moral rules. However, since the rule-utilitarian seems to support rules that allow no exceptions, the position is overly strict, hostile to the utilitarian spirit. Furthermore, an appeal to a utilitarian basic principle used to establish rules leads us back to the problems of a pure principled approach.

In terms of application, Richard Brandt offers a promising utilitarian alternative [16]. Optimal production of goodness comes by way of a two-tiered approach similar to that proposed by rule-utilitarians, only for him current practice, rules, and norms, pruned of egregious moral fault, support an initial set of standards, the current Optimal Moral System (OMS). This system is thought to approximate the 'correct' system that would be supported by a more direct, but thoroughly impractical, application of the standard rule-utilitarian technique, directly calculating the value of each rule and norm. Conventional practice is supported by its evolutionary survival. Any current system, (OMS)<sub>i</sub>, can be

reformed, albeit gradually, by direct application of a utilitarian standard, leading to a new system (OMS)<sub>j+1</sub>.

Brandt's proposal is helpful. He tackles the two-fold problem of application by placing the burden for producing determinate results on a richly contoured system of conventional morality, including not only rules, norms, and specific assigned responsibilities but also existing social techniques for resolving conflict among obligations. And an attempt is made to solve the problem of bias by appeal to an overriding principle mediated by evolutionary survival.

Although not presented as a system of applied ethics, it has appeal. A current practice does create expectations, and so violation of its standards tends to cause disruption and pain, and, often, violation of our sense of justice. Many practices are publicly endorsed and are established for public and private benefit. When we go to a physician we demand, morally speaking, that we get appropriate care based on conventional practice. If we find that nonstandard care is directed by some abstract principle or by a rule prohibiting the infliction of pain, we call the treatment unjust and reject the physician's moralistic approach.

I applaud Brandt's system because it is richly defined and recognises the moral status of current practice. But I doubt his appeal to evolutionary survival will produce a consensus. Furthermore, all arguments against reliance on an independent utilitarian principle stand against his first-level principle. The bias of current practice remains, to be reformed piecemeal by a fairly amorphous application of a much doubted principle.

But more serious is his truncation of moral response. Brandt believes that we are morally obligated to follow the current OMS. We expect that in actual practice some generally acceptable standards need to be violated. Exceptional cases need exceptional responses. Furthermore, we know that some practices have a more compelling moral standing than others. Once egregious features are eliminated, Brandt places all current practice on an equal footing. We expect that no matter how well reformed, some features of conventional morality will seem more compelling than others.

A genuinely applicable moral view must be an integrated view. A two-tiered approach, with one having primacy over the other, cannot overcome the particularist's challenge because it cannot deal with real world complexity. While we expect some practices to entail obligations, morally speaking these are not firm or absolute requirements, even at a given time, but may, depending on the practice, establish a moral burden of proof to be overcome — without necessarily questioning the status of the practice — by compelling and morally acceptable reasons.

## **V. A Coherence Approach**

In the previous sections, I explored the complexity of moral experience: judgments, practices, conventions, norms, rules, and principles have been offered, each with some plausibility, as a foundation to a proper applied ethic. Each independent of the rest fails to satisfy one or another of the standards of a good applied view — the production of determinate results, the ability to generate a consensus, and the avoidance of bias. Problems occur when such approaches are isolated. If we can find a way to save the strengths of these approaches, and others we have not examined such as virtue ethics, while avoiding or meliorating weaknesses, we will have the basis for a proper view.

In *A Coherence Theory in Ethics*, I develop such an approach. Here I will outline that system, which I call ‘dynamic coherence.’ For the purposes of this paper, I want to show that dynamic coherence is able to meet the standards of an applied approach better than the approaches examined above.

Dynamic coherence gives initial status to all of our seriously held moral beliefs, and greater weight is given to beliefs insofar as they are more firmly held by a greater number and variety of people. The attempt is to bring to coherence those ideals, principles, moral rules, virtues, practices, and particular judgments that are supported by serious moral beliefs [17]. This coherence view depends on showing how, for example, principles, rules, and practices can give mutual moral support, how conflict among beliefs can be minimised, and how we can optimise the inclusion of firmly held moral standards.

Dynamic coherence involves a principled approach to morality. Part of its difference from a purely principled view is that principles are presented as explicated and properly applied in relation to other aspects of moral experience: rules, norms, conventions, practices, and key judgments. This is done in three main ways. First of all, the key terms in moral principles are implicitly defined by other aspects of moral experience. Secondly, positive obligations under principles are assigned, by and large, by roles, practices, norms, and conventions. Thirdly, acceptable violations of principles are determined by overall coherence.

Three basic negative principles — initially established by their broad basic appeal, their independence (in the sense that no one can be derived from the other two), by their comprehensiveness — provide, so to speak, the main focus:

1. Do no harm.
2. Do not interfere with freedom.
3. Do not be unjust.

The terms ‘harm,’ ‘freedom,’ and ‘justice’ are partly defined by rules and practices. In terms of moral prohibition, ‘harm,’ amounts to ‘wrongful harm’ and ‘wrongful’ may depend on accepted rules and practices. The dentist does no wrongful harm by causing temporary pain. Furthermore, whether a harm is acceptable depends on interaction with other principles, so that a freely accepted harm is less objectionable than an imposed harm. Again, the patient typically freely accepts the harm caused by the dentist.

Basic principles are negatively stated, at least at first; they tell us what we cannot do. It seems that we cannot violate these principles by doing nothing, but this is more apparent than real. Conventional morality, an initially acceptable part of dynamic coherence, often assigns particular responsibilities. As a firefighter, one may do harm by failure to act. So how we do harm, as teachers, parents, physicians, police officers, or politicians may be specified by current practice. In effect, current practices assign positive obligations under negatively stated principles.

I call the basic set of negative principles the ‘primary principles.’ They establish *prima facie* moral obligations for all and special positive obligations for some under specific roles. Each primary principle has a ‘dual’ principle which, in a more consequentialist manner, advocates bringing into the world more welfare, freedom, and justice:

1. Promote good.
2. Enhance freedom.
3. Promote justice.

The dual principles typically promote but do not require. However, they can be used to direct, evaluate (as morally superior), and justify actions. For example, a harmful action which promotes freedom might be morally acceptable. Furthermore, the dual principles direct the reform of institutions and practices. Those in special positions of authority and power have as part of their moral duties the obligation to apply the dual principles. Assigned obligation comes under the primary justice principle even though direction comes from the dual principles. This is a further point of coherence in the system.

The primary and dual principles are complementary in that they establish checks and balances. It is not enough to have a purely negative morality, a simple morality of prohibitions. We need positive direction and moral evaluation able to tell us that some actions are better than others even if not morally required.

The dual principles have an ‘expanding’ feature. In its weakest, initial statement, ‘Promote good’ involves the active prevention of serious harm. This relatively weak positive requirement gives stricter direction to the reformation of practices than a more expansive notion of promoting goodness — one that involves, say, promotion of the arts. Admittedly, the initial statement of the dual principles comes quite close to being a restatement of the primary principles. In fact, when preventing harm is required by those who do not occupy special positions, then the obligation may be thought of as occurring under an expansive reading of the primary principle. Nevertheless, given the nature of some roles, preventing serious harm is a strong obligation.

So each dual principle moves continuously from what I call the *near dual*, involving concerns quite close to the appropriate primary principle, to a *full dual* establishing an ideal or utopian state. The full dual is meant to establish direction, support comparative evaluation, and to give guidance. Its moral power is indirect; we are virtually never called upon to act in a way that directly attempts to establish a utopian goal. Instead we may be called upon to act in ways that brings us closer to ideal end-state.

The full dual of the justice principle is social equality. Equality also functions as the only independently stated ideal in dynamic coherence. The equality ideal gives direction to the system and is an aid to making decisions in close calls. Furthermore, the equality ideal is crucial for interpreting each full dual. For example, without social equality we might not detect harm without bias or know that freedom is fully achieved. In short, we can only hope to properly promote goodness and fully achieve freedom in an equal society. The equality ideal helps bring unity to the system because each dual, in its fullest expression, requires social equality. The role of equality is one of the reasons the system is called ‘dynamic.’ As we move closer to social equality, we get a better sense of what counts as ‘harm’ or ‘freedom.’ Thus, our obligations may change under the increasing realisation of moral value.

A further dynamic feature involves the resolution of moral conflict. Conflict among parts of a complex system are inevitable. For example, it may be that we can only gain freedom when welfare is reduced. these trade-offs are unfortunate, perhaps even tragic, but in dynamic coherence neither is given general priority. Instead, we expect circumstances to dominate. A serious loss of freedom is unacceptable given a small gain in welfare, especially under conditions of abundance. However, it is foolish to expect a moral system to give determinate answers to all problems involving conflict over values. No science, especially an applied science, is expected to do so. Often in applied fields, such as medicine, solutions to problems are not supported by a consensus. We expect serious investigators to come to different conclusions in difficult cases. This is to be expected in moral decision-making as well. The value of a system comes in minimising indecisiveness.



Dynamic coherence goes further. By the structure of the system, an additional principle is required, one only indirectly supported in moral experience. I call this additional principle the ‘mutuality principle.’ Succinctly, it is: ‘Act to establish circumstances permitting the mutual realisation of all values with basic moral standing.’ It guides us to minimise or eliminate conflict over moral values. This is done in several ways; for example, we can attempt to change practices, institutions, and approaches to moral development that stand as obstacles to the mutual achievement of moral value. Many moral conflicts, perhaps all, are not natural but arise owing to the construction of variable aspects of social life. Also, one may modify the definitions of principles (for, example, what counts as harm) and the assignment of obligations so as to gain value and decrease conflict over values. The mutuality principle thus recommends mutually supporting definitions of key terms. So, for example, it supports a full definition of freedom that includes the worth of freedom.

When we face serious and persistent moral conflict, whether in medical practice or in business, the mutuality principle requires an attempt to create conditions which diminish our inability to gain one value at the expense of another. This has significant consequences: in cases of conflict, for example between freedom and welfare, we are under some pressure to do what is most likely to diminish the occurrence of future conflict. We might believe that greater freedom now might increase the chance for more welfare in the future and that more welfare now might eventually decrease freedom even more. Under such conditions, the choice of freedom now is recommended by the mutuality principle.

Because it is designed to account for the full complexity of moral experience and of actual moral problems, dynamic coherence is itself complex. For example, while practices sometimes define what counts as a violation of the nonharm principle and social roles establish who has what positive obligations, both roles and practices are evaluated by all other aspects of the system, especially by the dual principles. This is not a defect. We cannot avoid reconsidering what counts as freedom and harm and we do alter our practices. We understand that conventional morality has moral standing, but we also understand that its directives must often be rejected or modified. What dynamic coherence does is to specify how potential changes and violations are to be evaluated and who has the responsibility to seek change.

Application of moral views depends on our ability to control the complexity of moral experience. This is what is missing from the approaches we first considered. Each selected a part of morality and took it for the whole. The ignored parts of moral experience made application highly speculative, controversial, or provincial. A test of a coherence theory is whether it can avoid such weaknesses while realistically managing complexity.

In dynamic coherence, principles and the equality ideal help to avoid and detect bias. Rules, practices, roles, conventions, and individual judgments give determinacy. The purpose of dynamic coherence is not solely to provide some abstract claim that we incorporate those ingredients typically thought helpful in avoiding prejudice and to provide for determinate judgments, but also to show how these parts are related. We have already attempted to suggest this in an abstract way. Principles take meaning and specificity (especially in assigning responsibility) from practices and rules, while practices and rules are judged by principles. The mutuality principle also helps to indicate needed reform.

Clearly, the items considered so far are too abstract for acceptable application. When applying a complex moral theory, we need to know where, given the system, the burden of proof rests. We approach this problem by carefully considering the *level* at which a moral problem arises. By this is meant the scope of the problem: whether it involves a single

individual; an individual affecting other individuals; individuals acting within social roles; the evaluation of types of actions performed by individuals; the evaluation of social roles, norms, convention, or practices; or the evaluation of rules, principles, or ideals.

Typically, dynamic coherence establishes the burden of proof by giving the greatest weight to, or, more precisely, by giving first consideration to that part of the system which is most directly relevant to the level at issue. For example, we may evaluate an individual action, the telling of a lie, by the moral rule directly pertaining to that action. Moral rules [18] are typically stated in terms of prohibitions against actions performed by individuals. This is where moral rules have their greatest authority. But dynamic coherence is not willing to prohibit lies absolutely; it claims that the person considering whether to lie has the burden of proof to show why a lie is permissible. Of course, the more trivial the lie, the easier it is to take up the burden. We may justify a lie by appeal to other aspects of moral experience, especially principles. In fact, the principles already help to determine what counts as a lie. Harmless, polite statements, 'Your baby is beautiful,' are not considered objectionable lies. But a genuine lie may be permitted, for example, if the truth causes significant harm.

The burden of proof is intended to make a very significant difference. An individual acting in an individual capacity about to tell the truth, understanding that some harm may occur because of that truth, is not under the burden of proof until that harm becomes direct, significant, and easily avoidable. While a harmless lie may be prohibited under a moral rule (based on inability to take up override the burden of proof), a harmful truth may be permitted, even when that truth need not be told.

Many actions are harmful or deprive freedom but are not covered by a moral rule. Part of the task of a moral theory is to spell out conceptions of harm, freedom, justice, and equality. While there is little space to do so here [19], primary principles are presented as developing from paradigm cases. For example, the paradigmatic expression of the primary harm principle involves intentional, direct, significant physical or emotional damage done by an individual acting in an individual capacity. A strong burden of proof is against such harming actions. Similar claims can be made about the other principles. The paradigmatic statement of the primary principles does involve prohibitions close to the level we are examining: individual actions. As we move to different levels, the analysis involves different considerations.

Much of application in business ethics and bioethics involves cases where people are acting in ways dictated by roles within practices. Problems are serious when roles conflict with principles, rules, the equality ideal, or other roles and practices. Dynamic coherence, unlike particularistic and principled approaches, gives a significant moral standing to many practices. But the moral weight of a practice depends partly on its coherence with our moral experience. The burden of proof is greater on those within the practice to act in conformity with the practice when a practice and the roles within a practice conform to the following standards: (1) The practice is publicly defined and is democratically supported. (2) A well defined role within the practice is, in general, essential to avoid harm, to promote welfare, to ensure freedom or to promote justice. (3) The role is firmly and widely established and generally supported as morally or socially required. (Although I do not argue the point here, these standards are confirmed by general coherence.)

For example, a lawyer is an officer of the court and as such may need to tell what he or she personally believes to be a lie in order to defend a client. The burden of proof may not be on the lawyer to tell the truth, but to protect the client. Similarly, a judge may order that an

abortion be performed despite his or her personal belief that abortions cause great harm or are prohibited by moral rules. In both cases a role within a practice, well defined and publicly supported, demands actions thought to be violation of other parts of morality. The approved action is based on the role and may override what the people involved may regard as direct applications of principles or rules.

Nevertheless, conflict is present. Those believing that roles and actions based on roles are immoral — even when performed within practices that are morally strong — may advance to a broader stage of moral inquiry. The practice itself may need to be changed. A professor who believes current grading practices are harmful may be morally required to give grades, but may be required to seek to change the system. This is the important point: the moral condemnation of aspects of a practice is consistent with the moral requirement that such actions be performed. The obligation, to give grades or to permit the abortion, operates within an established practice while the view that the action causes harm may lead to an attempt to change the practice [20]. Of course, this is not to say that burden of proof is never met, and so actions going against a practice may be required. The analysis given calls for a careful consideration of the facts of the case, such as the moral weight of the practice, the seriousness of the harm, and so on, while taking into account where the moral burden of proof lies.

Application which confuses levels is risky. This is partly why restricted views — such as particularism and a principled approach — are inadequate. They fail to see that morality is a system with parts that have a binding status even when they may be in need of moral reform. Very often we do not want to give practitioners the moral authority to act according to their own sense of morality. Furthermore, the moral burden of proof might not be on them to seek changes in the practice. Others within the practice, those with authority to evaluate and reform practices, may have a greater obligation to seek morally appropriate changes, even when those with less authority see the need for change.

Actual reform of practices does occur due to conflict involving moral obligations. Physicians who previously routinely lied to patients may have done so in conformity with common practice in the profession. Nevertheless, those actions may not be necessary for the practice to function effectively. But lies often seem to help and that help may be dependent on the structure of the practice: uninformed patients may be particularly susceptible to suffering under a poorly understood truth. In many places, the means to support and comfort patients were not as well established as they are today (though still inadequate). Nevertheless, the mutuality principle is uncomfortable with moral conflict, even that involving a well-established part of a practice. The practice has been changed to some degree, to bring it into conformity with the rule against lying. Patients are better informed and support systems are frequently better. Those doing applied ethics need to understand that specific changes morally required to bring a practice to conformity with principles and rules may also require other supporting changes within the practice.

In dealing with these examples, I am proposing a more holistic approach to applied ethics. I have space here only to outline some of the main features of this approach. Enough has been written, I hope, to show that our moral sense is complex, and that we can only hope to gain the support of a consensus and produce determinate and unbiased judgments when the full richness of moral experience is considered. The attempt of dynamic coherence is to order and guide moral experience. It strives to find ways to make levels of moral concern, and aspects within those levels, mutually supporting. It attempts to show who in what circumstances has the moral burden of proof and how it may be met. And it supports

principles, rules, practices, norms, and so on in relation to the whole of moral experience. All of this is a tall task. Although I have tried more fully elsewhere to spell out how this can be done, it may be more reasonable to believe that dynamic coherence is closer to a research programme than a set of substantive conclusions. Morality is social, and a theory which takes seriously social moral experience is best developed by co-operative inquiry among theoreticians and those doing application.

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## NOTES

- [1] For example, ALASDAIR MACINTYRE claims that moral principles cannot be applied because ‘no rule exists apart from its applications . . .’—Does applied ethics rest on a mistake? *Monist*, vol. 67, no. 4, Oct. 1984, p. 502. Annette Baier claims that abstract theories lead to cynicism, adding that ‘real moral guidance comes when we are told not how the law of an ideal community would apply to a concrete case in that ideal world, but when we are told what we should therefore do, in this nonideal world.’—Theory and reflective practices, in *Applied Ethics and Ethical Theory*, ed. by D. M. Rosenthal and F. Shehadi, University of Utah Press, Salt Lake City, 1988.
- [2] JONATHAN DANCY (1983) Ethical particularism and morally relevant properties, *Mind* Vol. XCII, p. 542.
- [3] *Ibid.*, p. 542, emphasis added.
- [4] JOHN RAWLS, Outline of a decision procedure for ethics, *Philosophical Review*, Vol. 60, 1951, pp. 177–197.
- [5] ALBERT R. JONSEN and STEPHEN TOULMIN (1981) *The Abuse of Casuistry: A history of moral reasoning* (Berkeley: University of California Press), p. 143. I offer a fuller account and critique of Jonson and Toulmin’s casuistry in (1991) The abuse of casuistry, *Southwest Philosophy Review*, 7, 2 (July) pp. 17–30.
- [6] DANIEL CALLAHAN (1973) Bioethics as a discipline, *Hastings Center Studies* 1; quoted in Jonson and Toulmin, p. 284.
- [7] Albert Jonsen, *et al.* (1981) *Clinical Ethics* (New York, Macmillan).
- [8] *Ibid.*, p. 4.
- [9] Bernard Gert (1988) *Morality: A new justification of the moral rules* (New York, Oxford University Press).
- [10] *Ibid.*, p. 157.
- [11] *Ibid.*, p. 290.
- [12] *Ibid.*, p. 165.
- [13] *Ibid.*, p. 70.
- [14] *Ibid.* p. 132.
- [15] In (1994) *A Coherence Theory in Ethics* (Amsterdam, Rodopi), pp. 73–82, I more fully examine Gert’s use of rationality.
- [16] R. B. BRANDT. Fairness to indirect optimific theories in ethics, *Ethics*, 98, No. 2, pp. 341–360. See my paper, written with RICHARD M. FOX, 1989 Toward an adequate theory of applied ethics, *The International Journal of Applied Philosophy*, Vol. 4., No. 4, Fall, pp. 45–51.
- [17] The view I take to coherence in ethics is similar to the approach Laurence Bonjour takes to epistemological justification in (1985) *The Structure of Empirical Knowledge* (Cambridge, Harvard University Press). There are key differences in the two accounts: for example, the absence in dynamic coherence of a doxastic presumption and of an observation requirement. Also, my approach, using a broad sense of ‘our moral beliefs,’ is not restricted to Bonjour’s internal belief system of a single person.
- [18] In dynamic coherence, moral rules are established much like moral principles: the extent of acceptance, coherence with other items in the system, redundancy, proper generality and universality. With some modification, Bernard Gert’s set of rules is an acceptable start, though I do not adopt his defence of those rules.
- [19] I developed the appropriate concepts and principles in chapters six to nine of *A Coherence Theory in Ethics*.
- [20] We are, of course, not concerned here with whether the proposed reforms are morally proper.