

Empirical ethics and the special status of the practitioner's judgements

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1. Introduction

In their editorial to a special issue on empirical ethics in *Medicine, Health Care and Philosophy* Pascal Borry, Paul Schotsman and Chris Dierickx (2004) write:

Empirical ethics is a broad category, grasping different interpretations of combining or trying to integrate ethics and empirical research.... Although there are various ways of combining empirical research and ethical reflection (and of doing empirical ethics), they all have some basic assumptions in common: firstly, empirical ethics states that the study of people's actual beliefs, intuitions, behaviour and reasoning yields information that is meaningful for ethics *and should be the starting point of ethics.* (italics awm)

I can agree with their general description of empirical ethics and with part of the first basic assumption. The words 'and should be the starting point of ethics' however, raise problems.

In a previous publication I distinguished two approaches in empirical ethics (Musschenga 2005). Both aim at strengthening the context-sensitivity of ethics. The first approach is meta-ethically neutral; the second starts from the assumption that promoting the context-sensitivity of ethics requires the acceptance of a 'broad contextualist' type of ethical theory. The broad contextualist approach notes that in practicing empirical ethics one has to start from the opinions and the conduct of those involved in a social practice. Since it is the task of sociology or anthropology to chart the opinions and the conduct of a group or community, empirical ethics cannot do without them. In the broad contextualist approach the relation between empirical ethics and the social sciences is an intrinsic one. For medical ethics this implies that the starting point should be an examination of the beliefs and conduct of health professionals such as doctors and nurses.

Borry, Schotsman and Dierickx do not say, at least not explicitly, that ethics should start from the beliefs, intuitions, and conduct of *practitioners*. Ghislaine van Thiel and Hans van Delden do state that especially the intuitions of experienced members of a certain practice

should be incorporated into a reflective equilibrium model of moral reasoning because they possess moral wisdom (Van Thiel & Van Delden 2009, p. 234). Even more explicit are Guy Widdershoven and Lieke van der Scheer: 'If practice is seen as a source for ethics, the experience, insight, and arguments of practitioners form the departure for philosophical ethics' (2008, p. 25). I assume that none of these authors wants to take the opinions and conduct of health professionals for granted; what they do want is to take them seriously. For them, assigning these data a special status is a characteristic of empirical ethics.

Obviously, if we mean to map the professional morality of health professionals we will observe and interview members of the relevant professions. Proponents of empirical medical ethics do not however restrict themselves to the description of opinions and conduct of health professionals. They think of empirical ethics as a special kind of normative ethics. Empirical medical ethics aims to be normatively valid not only for health professionals, but for all stakeholders in the medical enterprise, including patients and the general public.

The question whether assigning a special status to the moral beliefs of health professionals is justified still remains unanswered. In the paper I discuss two possible defences of such special status. The first defence is based on the special status of the moral beliefs of the health professional as an *expert* in medical ethics, and the second defence on the special status of the health professional's moral beliefs as a *practitioner*. The distinction between these two defences may seem artificial because practitioners are generally also seen as experts. Indeed, the same types of argument are used in both defences. The difference is that the first defence is built up around the opposition between experts and laypersons, while the second defence rests on the opposition between practitioners and theorists.