Nursing Ethics

Practising Virtue: A challenge to the view that a virtue centred approach to ethics lacks practical content
Ann Marie Begley
Nurs Ethics 2005 12: 622
DOI: 10.1191/0969733005ne832oa

The online version of this article can be found at:

Additional services and information for *Nursing Ethics* can be found at:

Email Alerts: http://nej.sagepub.com/cgi/alerts

Subscriptions: http://nej.sagepub.com/subscriptions

Reprints: http://www.sagepub.com/journalsReprints.nav

Permissions: http://www.sagepub.com/journalsPermissions.nav

Citations: http://nej.sagepub.com/content/12/6/622.refs.html

>> Version of Record - Nov 1, 2005

What is This?

Practising Virtue: a challenge to the view that a virtue centred approach to ethics lacks practical content

Ann Marie Begley

A virtue centred approach to ethics has been criticized for being vague owing to the nature of its central concept, the paradigm person. From the perspective of the practitioner the most damaging charge is that virtue ethics fails to be action guiding and, in addition to this, it does not offer any means of act appraisal. These criticisms leave virtue ethics in a weak position *vis-à-vis* traditional approaches to ethics. The criticism is, however, challenged by Hursthouse in her analysis of the accounts of right action offered by deontology, utilitarianism and virtue ethics. It is possible to defend the action guiding nature of virtue ethics: there are virtue rules and exemplars to guide action. Insights from Aristotle's practical approach to ethics are considered alongside Hursthouse's analysis and it is suggested that virtue ethics is also capable of facilitating action appraisal. It is at the same time acknowledged that approaches to virtue ethics vary widely and that the challenges offered here would be rejected by those who embrace a radical replacement virtue approach.

Introduction

Hursthouse has said that virtue ethics is both old and new: old because of the Aristotelian heritage and new in the sense that its contribution to ethics has been considered only in recent years.[1] In the ethics literature of the 1960s and 1970s virtue ethics was mentioned in the form of 'interesting points' but not as a 'third possibility' in relation to utilitarianism and deontology.[2] Now virtue has emerged from the shadows and is featuring more clearly as a challenge to these theories. It is, however, still considered with a degree of scepticism, particularly by practitioners. This is unfortunate since virtue ethics has so much to offer, particularly in relation to moral development and the moral life in general. Ethics permeates the whole of life

Address for correspondence: Ann Marie Begley, The School of Nursing and Midwifery, The Queen's University of Belfast, 50 Elmwood Avenue, Belfast BT9 6AZ, Northern Ireland. E-mail: a.begley@qub.ac.uk

and is not something that can be taught by formulae and simply 'applied' to problems arising in practice.

The objectives of this article are to:

- Challenge the assumptions of those who dismiss virtue ethics as vague and lacking any practical content;
- Engage sceptics by presenting a virtue ethics approach that enriches and guides professional practice;
- Generate some debate, particularly among those who teach professional ethics.

I am perhaps 'putting the cart before the horse' in presenting the problems with virtue ethics without having first expounded in detail the nature of the approach. This is not an oversight; there are many people who have some grasp of virtue ethics, particularly those who read this journal, but I believe that there is a psychological barrier preventing them from actually taking the approach seriously; this barrier is created by a perceived lack of action guidance, which is considered to be a fatal flaw in the approach. If people can be convinced that this perception is open to challenge, then they may be more inclined to embrace this alternative to traditional theory.

What is meant by virtue ethics?

Recent appeal to a neo-Aristotelian approach to ethics focuses to a large extent on Aristotle's practical outlook that is reflected in his concern for particular problems rather than universal principles. Following Anscombe's[3] inaugural articulation of a growing discontent with modern moral philosophy, there has been a huge interest in offering alternative methods of doing ethics. There are many different approaches to virtue theory, and alternatives to deontology and utilitarianism differ widely. Those who offer these alternatives are joined by one common thread: dissatisfaction with traditional moral theory and the rules and principles generated by such theories. They also share a concern that the attempt to articulate principles of right has failed. The latter point has been identified as one of the main reasons for an interest in virtue ethics.[4] This lack of confidence in traditional theory and general principles is coupled with a concern that the moral agent seems to have disappeared from the scene. While Anscombe[3] and MacIntyre[5] identified the problems and called for a change in our approach to ethics, they both stopped short of explicating an alternative, that is, a virtue theory. This challenge has been taken up by others who have offered various (often conflicting) resolutions to the problems inherent in traditional moral theory.

The word 'virtue' in itself can also put people off this approach to ethics. The Greek notion of virtue, however, differed significantly from our modern understanding of the concept, which is in many ways related to concepts such as charity, holiness and 'Christian virtues'. The Greek word *arete* (virtue) means excellence in relation to a skill or trait of character. It is a word used to describe a quality that is not limited to human beings, but may also be in the possession of inanimate objects and other species, for example a horse (a good race horse) or a knife (a good sharp knife). *Arete* is very much linked to function: a good knife cuts effectively, a good horse wins races; anything good performs its function well. A good nurse or a good doctor perform their functions well and this requires excellence in skills, in theoretical knowledge and in moral virtue (excellence of character). Virtues can also be described as attributes, character traits, or excellences of character. These have been described by different

authors as falling into various categories but, for the purposes of this article, there follows a list of those virtues, or attributes, which I consider to be important 'professional virtues':

Practical wisdom (prudence);   Theoretical wisdom (knowledge);
Justice (as fairness);   Competence (skills);
Compassion;   Understanding;
Benevolence;   Imagination;
Integrity;   Deliberation;
Honesty;   Diligence;
Veracity;   Perseverance.
Courtesy;
Generosity;
Kindness;
Genuineness;
Patience;
Tolerance;
Courage.

There is no fixed order in this list of virtues but those in the left hand column are probably more akin to our usual conception of a virtue. Some of those in the right hand column would not normally fit into our notion of virtue, but when we think of virtue as being an 'excellence of character' and as something that permeates the whole of life, then it makes sense to include them. After all, any nurse, midwife or doctor who is incompetent, or lacking in the ability to deliberate and make decisions, can have a very negative impact on the progress of people in their care.

The point to be made here is that the paradigm person (excellent character, the person who exemplifies the virtues, excellences or attributes) represents, in virtue ethics, the core concept. In virtue ethics there is no cardinal principle such as duty or utility from which we can derive secondary moral rules. There is rather a concern with what sort of people we must be if we are to flourish or to achieve the good life. It is claimed that this can be gained without recourse to rules and principles, and some make the even stronger claim that rules and principles can actually blind the good character and steer it in the wrong direction.

A more person centred ethic

Aristotle's approach has been adopted by those attempting to find a more 'person centred' practical ethics, particularly in a health care setting. Aristotle refers to his treatises as the '*ethika*', today called ethics. The Greek word means 'matters to do with character',[6] which is why Aristotelian virtue ethics appeals to those who consider character to be of primary concern in health care ethics, perhaps even replacing the rules and principles of modern moral theory.

> The very idea that the good person is one who acts according to the right principles – be they categorical imperatives or the principle of utility – has always struck me as being colossally out of tune with the manner in which ordinary people (and most philosophers) think about and judge themselves and their actions. As a matter of fact it makes my blood run cold (p. 32).[7]

This is also expressed by Kupperman, who says that, whether someone is appealing to Kantian duty or to consequentialism, it is easy to get the impression of a 'faceless ethical agent' who is equipped by moral theory to make decisions, but that these are not psychologically connected to the agent's past or future.[8]

In virtue ethics there is no simple rule to deal with all events, no general rule by which we can decide on the right course of action. The complexities of life defy the formulation of such rules. There are important general principles but we cannot use these to determine how we should behave on particular occasions. The question 'how should one live?' is, in McDowell's words, approached via the notion of a virtuous person. In virtue ethics, things are turned 'inside out' and 'a conception of right conduct is grasped, as it were, from the inside out'.[9] It is this virtue-generated conception of right action that will be explored here.

The return to virtue

Virtue, therefore, is to be interpreted here as the core or key organizing concept and as a justification for morality. The return to virtue involves focusing on the agent: the paradigm person (the person of excellent character who exemplifies the virtues) replaces the moral theorist.

> In a purely virtue-based ethic, the normative standard is the good person, the person upon whom we can rely habitually to be good and to do good under all circumstances (p. 254).[10]

Virtue ethics, then, is an approach according to which basic judgements in ethics are those about character. It suggests that the right action is that which is done by the person with the right state of character. Virtues come first and we understand what to do by appeal to them.[11]

Virtue ethics is commonly referred to as an ethic of being rather than an ethic of doing. This view is challenged here and it is not considered helpful when it comes to promoting virtue ethics as an alternative to traditional moral theory for those working in health care. Virtue ethics is certainly about being, but it is also concerned with doing. Virtue ethics rejects the primacy of duty and obligation that fails to acknowledge character-centred moral judgements: a person is good or bad, admirable or vicious, not the acts. However, virtue ethics does not necessarily, and in all versions, dismiss a concern for action, or 'doing', as some texts would imply.

Categories of virtue ethics

Given the complexity of a virtue ethic, it is not surprising that many different views are reflected in the literature. Various writers categorize these different interpretations of virtue ethics depending on the degree to which they include or exclude the possibility of concepts such as duty and obligation, and rules and principles, which are characteristic of traditional moral theory. The strongest and most radical version of virtue ethics rejects completely any of these concepts.[12] A weaker, less radical, view is a combined approach. There are two ways to perceive this:

- That virtue complements or supplements other theories; or that
- Other theories and principles generated by them complement or supplement virtue.

The position held here is, in agreement with the second point above, that the concepts derived from other theories (e.g. duty or obligation) can be used as long as we remember that they are derivative from the core concept of virtue. Statman[12] refers to this as a reductionist view and it allows for some sort of combination of approaches and the priority of virtue. This combined approach opens up the possibility of virtue ethics being action guiding.

While the virtue approach has its attractions for nursing and other health care professions, certain difficulties have been identified, such as problems relating to:

- The central concept, the paradigm person;
- A perceived lack of action guidance;
- A weakness in relation to act appraisal;
- Relativism;
- Partiality;
- Egocentricity.

Of these, the most potentially damaging are the claims that the central concept is vague and that the approach lacks practical content and does not offer action guidance or useful criteria for act appraisal. As Hursthouse[1] points out, virtue ethics is both old and new, and insights from modern and ancient ethics are presented here in an attempt to challenge the perception that virtue ethics does not offer action guidance.

Virtue ethics and action guidance

Problems relating to the central concept

The validity of the central concept, the paradigm person, is often dismissed and charged with being inherently circular. The paradigm person is part of the formal definition of virtue ethics: 'an action is right if it is what the virtuous agent would do in the circumstances' (p. 225).[13] The good, then, is what the virtuous person does, and the virtuous person does what is good for humans. In a purely virtue based ethic the normative standard is the good person and this person is habitually good in all circumstances. The weakness lies in the claim that there is circularity in the logic.[10]

The explanatory circularity of the paradigm character has been described as 'positively dizzying'[14] and circularity is, without doubt, a problem. Santas,[15] however, suggests that the issue of circularity and practical content are related, and, if we can find practical content, then the circularity may, perhaps, not seem so vicious. This is a major challenge: if a virtue ethics approach is to appeal to people in practical situations and if virtue ethicists are to convince practitioners that their approach is 'useful', then this issue of circularity and the perception of 'vagueness' emanating from it needs to be addressed in a way that is compelling and unambiguous. Practitioners are generally not interested in meta-ethical debate and they can understandably become exasperated when someone tries to 'sell' virtue ethics by quoting the definition of a paradigm character and failing to translate this into something that can be recognized as relating in a clear way to their lives and work. Hursthouse challenges the claim that virtue ethics lacks sufficient practical content and, if her account is plausible, then the impact of the circularity charge becomes less vicious.

The problem of a lack of action guidance for practice

The most 'damning' weakness identified by critics of virtue ethics is the apparent failure to deliver an action guiding procedure, and traditional moral theory is considered to have an advantage in this respect. There is a view that normative ethics should embody a set of universal rules and that it should offer a decision procedure. Practitioners need an approach to ethics that guides them through tough and not so tough decisions. While there are many features of virtue ethics that appeal to them, a failure to provide action guidance will inevitably overshadow any positive benefits of adopting a virtue ethic. As noted, this can arise as a result of the apparent circularity of the central concept, alongside a failure to develop virtue ethics in such a way that a practical content can be derived from this central concept. Without this development, and in the absence of any articulation of principles or rules that guide action, virtue ethics will never be a 'big hit' with practitioners. It is certainly an approach that is welcomed in an abstract sense, and it can be very useful in discussing cases in classrooms and practice. Nurses and doctors can identify readily with the sentiments expressed in virtue ethics, and the virtues themselves seem to capture the essence of good practice more adequately than principles. However, when it comes to making decisions in practice, then utilitarianism and deontology sweep aside any influence that a consideration of the virtues may present. People, particularly those with little experience, need guidelines, and those who face the reality of health care problems are genuinely concerned that an approach that focuses on the agent and depends on the discretion of the individual will lead to many people 'doing their own thing'.

Virtue becomes manifest in actions

Virtue ethics is often described as having a concern for 'being' not 'doing', which can add to the perception of vagueness. According to Kristjansson, however, it is a logical mistake to attribute good character to someone who fails to exemplify it in his or her deeds.[16] If a person is asked to explain why another person is good, the answer will more than likely be one that makes it clear that the goodness is manifest in the deeds of the individual. A person may have a good character; he or she is good, but I can know that only if I can see evidence of this in the person's deeds, or if someone else tells me that the person has done good things. There is also the possibility that a bad person can do good things, and that a good person can uncharacteristically 'miss the mark', as Anscombe[3] would say, and do something bad. Nevertheless, a good person who is never seen to do good things would not be known to others as a good person. The virtuous person has a developed disposition to do the right thing and we have to have some idea of what the right thing is in order to obtain a notion of a virtue. There is, therefore, a need in any theory of ethics to say something about both the goodness of people and the rightness of action.[17] Aristotle, for example, was not exclusively concerned with character rather than action and he did consider some actions to be absolutely prohibited.

Virtue ethics can be action guiding

Hursthouse claims that the view fostered by recent virtue ethicists that the approach is not capable of providing action guidance is a 'common misconception'. Utilitarianism

and deontology tell us about what sort of acts we should do and, if virtue ethics cannot do this, then it cannot be a rival to these theories. Hursthouse, however, says that virtue ethics *can* provide a specification of right action. This specification is what the virtuous agent would characteristically do in the circumstances. This, which is charged with being too vague, or 'circular', can, however, generate rules and principles. Virtues generate instructions such as 'be honest' and each vice generates a prohibition. Hursthouse uses the following analysis of the guidance given by versions of deontology and utilitarianism to compare virtue theory and illustrate her point, that virtue ethics can guide action in a similar way.[1]

Traditional moral theory and accounts of right action

Act utilitarianism: an account of right action

- Premise 1: 'An action is right if it promotes the best consequences.'
  This premise provides a specification of right action. It describes the link between the concepts of right action and the best consequences. There is, however, no guidance about how to act; one needs to know what the best consequences are. These need to be specified.
- Premise 2: 'The best consequences are those in which happiness is maximized.'
  This forges the familiar utilitarian link between the concepts of best consequences and happiness.

Deontology: an account of right action
Hursthouse says that simple versions of deontology can be laid out in the same way:

- Premise 1: 'An action is right if it is in accordance with a correct moral rule or principle.'
  Like the first premise of utilitarianism, one needs to know what constitutes a correct moral rule or principle.
- Premise 2: 'A correct moral rule (principle) is one that . . . and this may be completed in a variety of ways, for example:
  1)   . . . is on the following list (and then a list follows, perhaps completed with an 'etc.'); in health care ethics a code of conduct is an example; or
  2)   . . . is laid down for us by God; or
  3)   . . . is universalizable/a categorical imperative; or
  4)   . . . would be the object of choice of all rational beings; and so on.

Many people say that utilitarians derive the concept of right from that of the good, and deontologists derive the concept of the good from the right; how then can virtue ethics derive the good and the right from the virtuous agent? Hursthouse says that if the question is asked 'how can a virtue ethics give an account of right action in such a way as to provide action guidance?' the answer is easy.

Virtue ethics: an account of right action
Hursthouse presents the first premise;

- Premise 1: 'An action is right if it is what a virtuous agent would characteristically (i.e. acting in character) do in the circumstances.'

This, according to the sceptic, is circular and is of no use in guiding action; where are the virtuous agents? The same problem, however, arises with the first premises of the other theories outlined above: they give no practical guidelines either. Virtue ethics must specify who is a virtuous agent, just as utilitarianism must specify what best consequences are, and deontologists must specify correct moral rules and principles.

If the second premise states barely that the virtuous agent is one who acts in accordance with the correct moral rules, then virtue ethics is little different to deontology. Therefore Hursthouse adds a subsidiary premise:

- Premise 1a: 'A virtuous agent is one who has, and exercises, certain character traits, namely, the virtues.'
- Premise 2: 'A virtue is a character trait that ...'
  There are various ways of completing this sentence; the neo-Aristotelian might say that a virtue is a character trait a human being needs for eudaimonia (i.e. to flourish or live well).

Hursthouse claims that this is a specification of right action: the structure closely resembles utilitarianism and deontology, but is agent centred. The concept of the agent is introduced in the first premise rather than consequences and moral rules. Virtue ethics, then, does have an answer to the question 'what should I do?'[1]

Some still say that this is unsatisfactory and that the specification of right action is circular, or a truism, but Hursthouse says that this first premise does not feature as a truism in virtue ethics. While utilitarians and deontologists each reject the first premise of the other, it is unlikely that either would reject the statement contained in this first premise of virtue ethics; but this acceptance would rest on the belief that each had already settled what constitutes right action (using their own first and second premises). The first premise of the virtue account, then, means no more to them than a truism that specifies, in their terms, who should count as a good agent. 'An action is right if it is what the virtuous agent would do' is, however, the first premise of the virtue ethics account and, as such, one needs to proceed to the second premise to explore the virtue account of right action. As a first premise, Hursthouse admits, it looks uninformative, but other first premises are also uninformative. We think we know what best consequences are, and what constitutes correct moral rules and principles because we are accustomed to the first premises of these other theories. We know that, for example, eliminating Jews is not a good consequence and that some moral rules can be bad. These first premises become informative only when looked at in the light of the second premise, and virtue ethics is no different in this respect.[1]

Virtue-rules, the exemplar and action guidance

Virtue ethics and deontology can extend their second premises with lists of principles and virtues, but this is still unconvincing for those who claim that, while deontological ethics gives a set of clear prescriptions, virtue ethics, with its single prescription, is not action guiding. One response to this from a virtue perspective is that we may also seek moral guidance from virtuous agents who we respect and admire when we need action guidance. This response is unlikely to convert sceptics, but when considered

from the perspective of the health care professional, there is a certain appeal. There is also a recognition of the fact that, in real life, and in all walks of life, 'the logic of emulation' is accepted (p. 146).[18] Virtue-rules emanate from the character and within the virtue perspective the individual is engaged in a dynamic process of moral development. The example of virtuous people is crucial to this development. Aristotle's account of learning excellence of character and practical wisdom is summarized by Urmson:

> Aristotle compares acquiring a good character with acquiring a skill. Paradoxical though it may sound, one learns to play the piano by playing the piano, and to ride a bicycle by riding one. Before one has acquired the art or skill one acts in accordance with the instructions of a teacher, who tells us what to do, and one does it with effort. Gradually, by practice and repetition, it becomes effortless and second nature. In the same way, one is trained as a child (if lucky in one's parents and teachers) to become truthful, generous, fair and the like by being told how to behave well and encouraged to do so. Parents supply the intelligence and experience that one has not yet developed, and with practice and repetition it becomes easier and easier to follow their counsel ... At the same time, he [Aristotle] believes, one's practical intelligence will develop so that one will less and less need parents and guardians to tell one how to behave in various circumstances; one will come to see for oneself ... If properly trained one comes to enjoy doing things the right way, to want to do things the right way, and to be distressed by doing things wrongly (p. 26).[19]

Action guidance in virtue ethics emerges from a synthesis of experience, maturity, the influence of exemplars and the acquisition of practical wisdom and other intellectual and moral virtues; these virtues then generate virtue-rules. This approach clearly challenges the criticism that virtue ethics does not come up with any rules. Virtue ethics comes up with a large number of rules.[1] Each virtue generates a prescription and each vice a prohibition. Critics still insist that 'do what is honest' is vague and does not give the action guidance that deontology and utilitarianism give. Hursthouse agrees that virtue-rules are couched in evaluative terms, but suggests that beneficence and nonmaleficence are 'at least as "evaluative" as those employed in the virtue-rules' (p. 37).[1] Hursthouse claims that virtue ethics offers virtue-rules, and at the same time it does not exclude more familiar rules associated with deontology. For example 'do not lie' becomes 'be honest'. I avoid being dishonest, not because it is prohibited, but because it is a vice. Virtue ethics incorporates a long list of vice terms in addition to virtue terms, and these are also clearly action guiding. There are many ways in which virtuous persons should not behave and many things that they should not do. Virtuous persons come to recognize both those things that should be avoided and those that should be embraced.

Virtue ethics does not fail to be action guiding, and it does come up with a specification of 'right action': an action is right if and only if it is what a virtuous agent would characteristically (i.e. acting on character) do in the circumstances. A further question emerges, however: if virtue generates virtue-rules that are action guiding and (some want to say) universalizable, requiring balancing and specification by a person with practical wisdom, what is there about it as an ethical approach that should commend it to practitioners? What difference is there between virtue-rules as described above and, for instance, the ever appealing 'four principle approach' of contemporary health care ethics? The language used, however, is different. In virtue ethics a person is concerned with being 'good' and 'acting well'

rather than with 'doing the right thing' or following 'obligation' and 'duty'. In addition to this, virtue-rules represent, as McDowell[9] suggests, virtue 'from the inside out' rather than 'from the outside in', as we have with codes, rules and principles imposed on us from other sources. Virtue ethics requires the agent to take account of context and to behave appropriately in particular circumstances. The agent draws on experience and insight gained from maturity, not abstract concepts. Another advantage that Williams[20] highlights is the notion of integrity, or the idea of the unfolding self that leaves more abstract traditional moral theory looking impoverished. Virtue ethics is action guiding without being abstract and out of touch with people who practice.

Virtue ethics, moral responsibility and act appraisal

A significant concern generated by the view that virtue ethics is vague and lacking action guidance is that it is unable to provide us with a way of holding people responsible for actions.[1] For people involved in health care delivery, this is a grave flaw. At its core, ethics is practical; it is not just about being action guiding, it also needs to facilitate act appraisal. In a professional capacity people often act in such a way that their behaviour, when judged in the light of outcomes and against the background of rules and principles, is considered to be wrong, immoral and unethical. Ethics is not only expected to tell us what to do, but also to appraise the acceptability of acts carried out by colleagues. It is suggested here that virtue ethics offers insights into act appraisal and person appraisal, which is more valuable from a professional perspective.

As Hauerwas suggests, we are frequently in situations where we need to make decisions that have no relationship to objective standards of right and wrong. In these situations we must 'fall back on ourselves in order to make decisions' (p. 698).[21] We are more than the 'sum total of our responses to particular situations'. Virtue ethics, with the emphasis on character rather than acting alone, seems to have more rather than less to offer in relation to understanding moral responsibility than traditional moral theory.

Virtue and control

Dispositions to act deliberately one way or another, using a certain range of reasons, make up character. This range of reasons is what is meant by moral vision.[21] We can, however, look at character and action only within the context of the community, society and constraints operating on an individual. This raises the issue of control: are people really in control of their actions? Nagel suggests that luck is central to both character and action; success or failure in life depends to some extent on factors beyond our control. This is true, says Nagel, of almost any morally important act: 'How can one be responsible for the stripped-down acts of the will itself, if *they* are the product of antecedent circumstances outside of the will's control?' (p. 25).[22]

If people, through no fault of their own, lack certain capacities, is it possible to change or improve their character? Kupperman, for instance, thinks that this is not feasible: people seem to be stuck with certain attributes and consciously

attempting to change character and move in a different direction seems dubious.[8] Sher shares this scepticism about changing people: sometimes people do change, but with pressure from the outside rather than their own efforts.[23]

Even if virtue ethics can be action guiding, does it fail the test when it comes to moral evaluation and responsibility? Should people be evaluated only for what they can control?

Hobart compares the stability of character with the impermanence of action:

> Morality has its eye upon acts, but an act is fleeting, it cannot be treasured and cherished. A quality can be, it lasts. People should not be evaluated on the basis of their character rather than actions but if we are going to evaluate someone for an act, it *must be caused by character* (p. 84).[24]

The issue of control in relation to moral responsibility is one that arises frequently in the literature on virtue ethics. Virtue ethics needs to be able to assert, however, that we have control over how we behave if appraisal focuses on who we are rather than on what we do. Since the first premise of the virtue ethics approach to right conduct is personified in the character of the good agent, and critics point to the problem of moral luck, this seems to be a 'thorn in the side' of those who want to oust rival modern theories in professional ethics. Is this really such a problem? Is it not possible, for example, for a person to fail to do the right thing because this person lacks the moral strength to carry out a duty rather than that which the person is inclined to do? Utilitarians may be tempted to put their own interests before those of others, thus failing to maximize good. All of these people could claim: 'It's not my fault; I was born with this weakness; I was just unlucky!' A character deficit, then, can be as much a flaw in traditional moral theory as it is supposed to be in virtue ethics. It does, however, have the potential to present as a more 'fatal' weapon in the armoury of the antivirtue lobby owing to the nature of the guiding ideal of virtue ethics.

Aristotle, virtue and moral responsibility

While modern philosophers ponder over the issue of moral luck and control, it is to ancient virtue ethics that we can turn for some practical help in dealing with the issue of moral responsibility, culpability and control from a professional perspective.

Aristotle refers to three classes of action (sometimes translated as 'voluntary', 'involuntary' and 'not voluntary'):

1) intended action that attracts praise or blame
2) action contrary to intention that attracts pardon or pity
3) unintended action.[19]

In this element of his ethics, Aristotle considers different reasons for behaviour and raises some problems relating to punishment, blame and pity that are useful in the appraisal of professional conduct. Praise or blame is appropriate for intended action (1 above) but pardon, or pity, is appropriate for action that is contrary to intention (2 above). This action contrary to intention can be of two different kinds:

- 2a) A person can do something that he or she does not want to do through force. This must be actual physical force, not simply circumstances or psychological pressure.[19]

For example, a nurse who is called to carry out life-saving treatment is prevented from doing so because of civil unrest, including blocked roads, and the casualty dies. Assuming that Aristotle's exoneration extends to omissive actions, this nurse must be pardoned because the failure to attend the patient was contrary to her intention, and she was physically prevented from attending the person. However, it is 'debatable', or uncertain, that the nurse would be exonerated if she had failed to go because she faced some psychological pressure or threat that prevented her from attending.

- 2b) The other situation is ignorance of the facts at the time of the action, which must be of the sort where one could claim that had the person known such and such he or she would not have carried out the action.
  In other words, it must be of something contrary to the person's intention. We can be pardoned only for actions on the grounds of ignorance of the facts. Not knowing how to act, or acting in a particular way as a result of a bad character does not warrant exoneration.[19]

For example, a nurse injects a patient with a prescribed drug. The patient develops an acute anaphylactic reaction and dies despite appropriate resuscitative measures being taken. No one could have known of this allergy before the drug was given. The nurse and the prescribing doctor would not be considered negligent in any way, since the facts were not known until after the event.

Responsibility and control

An important point that emerges here is that we need to be in control of the situation if we are to be held morally responsible (blameworthy). This theme has been echoed by modern writers such as Walton (in relation to acts and omissions: A allows P to obtain only if A controls P). 'The language of action is linked to the language of control' (p. 94).[25] It is not just the act that we need to consider, but the act needs to be examined within the context of the motives of the virtuous agent and his or her sphere of knowledge and his or her capacity to be in control of the situation. Strictly speaking, the nurse has 'killed' the patient, but we would not use the words kill or murder in this context. We would probably say that the 'patient died' as a result of an accident. If, however, there was a warning in the patient's notes, which the nurse or doctor did not check, then an accusation of killing through negligence would be more appropriate. This distinction of Aristotle's is, therefore, of great interest and significance for the modern health care professional. It is a distinction that arises often in professional conduct hearings and in law; it draws a line between negligence and unavoidable accident, between virtue and vice, much more explicitly than can any consideration of duties or consequences or acts.

Virtue, control and weakness of the will

In addition to the above useful distinction from Aristotle, there is also the issue of weakness of the will (incontinence) and moral responsibility that again can be useful in

modern health care ethics, but is largely ignored by most texts on ethics for nurses and doctors. According to Aristotle there are four states of character:

1) The person of excellent character, the virtuous person, acts properly and does so because he or she wants to; acting properly is effortless.
2) A strong willed person (continent) wants to act improperly but makes himself or herself act properly.
3) A weak willed person (incontinent) wants to act improperly, tries to make himself or herself act properly, and fails.
4) A person of bad character wants to act improperly and does so without misgiving.[19]

The strong willed person struggles but is guided by reason and resists temptation; this is not so praiseworthy as excellence of character where the person does not have to struggle. The weak willed person does not become the sort of person who accepts or condones his or her behaviour, yet is one who shows remorse. Generally, this sort of person does not attract such strong disapproval as the person of 'bad character', who, in addition to choosing to act in a bad way, feels no regret afterwards.

In practice: responsibility, choice and weakness of the will

Mrs Brown is 80 years old and has been cared for in a unit for elderly people for four months. She is suffering from senile dementia and has had a mild 'stroke'. Prior to admission to hospital, Mrs Brown had lived at home with her son, Ben, who has Down's syndrome. Ben is now in a residential home and visits his mother every day. Mrs Brown also has a daughter in Australia but she has no other relatives.

Staff nurse A has been caring for Mrs Brown since her admission. The ward is not very busy today, so she decides to spend some extra time with Mrs Brown. Nurse A looks through Mrs Brown's locker to see if there are any photographs or other memorabilia that could help with some reminiscence. While doing this, she finds a substantial amount of money tucked into the back of a photo album. It has not been noted by the admission nurse or locked away with other valuables because it was well hidden. It is now obvious to nurse A that Mrs Brown is no longer aware of the existence of the money. Nurse A has some financial difficulties and this money would solve her immediate problems.

Without even hesitating, or considering her own financial difficulties, nurse A shows the money to Mrs Brown and asks her about it. Mrs Brown seems to have forgotten ever having the money and fails to recognize it as belonging to her. Nurse A takes the money to the charge nurse; it is counted and put in the safe.

Now imagine that the same sequence of event takes place with different nurses, B, C and D. All of these nurses have similar financial difficulties and all know the patient well.

Nurse B is tempted to pocket the money but honesty prevails and she refrains, and behaves as does Nurse A above.

Nurse C cannot resist the temptation to take the money. She knows that it is dishonest but her financial problems overcome her disposition to honesty. She pockets it and, on several occasions throughout the day, she nearly hands it over, but eventually takes it home. Every time she looks at Mrs Brown and her son she feels remorse, but she lacks the moral courage to be honest.

Nurse D sees the money, realizes that no one knows about it, and does not hesitate to take it. She knows that it is dishonest but does not care. She goes home and has a night out with her partner to celebrate. She feels no remorse and the next day, when the opportunity arises, she searches the locker for more money.

A virtue ethicist would say that nurse A who is not even tempted, is more admirable than nurse B who struggled against inclination. Nurse C, although she does the same thing as nurse D, somehow seems to attract less reproach than the latter. Virtue ethics appeals to some people because of this richness in the interpretation of acts as played out by characters living real lives. Stealing is dishonest and it can be cruel, but people who steal are not all the same. This view might be shared by utilitarians who may try to justify stealing on humanitarian grounds, but not in circumstances like these. People who do not steal in such situations are obviously more morally praiseworthy, but, again, there is a difference between those who are tempted and those who do not even consider stealing. If we examine this and ask with which nurse the vulnerable Mrs Brown is most secure, it seems clear that nurse A comes top of the list. The main point is that nurse A is not the sort of person to steal from a patient while the others are. Nurse B did not steal, but she might have done, and she may well do so in other circumstances where her will weakens more than on this occasion. Similarly, on other occasions, nurse C may find the willpower to resist the temptation, but there is still uncertainty. Nurse A, however, inspires confidence.

Virtue ethics does facilitate an approach to appraisal of acts that can help to differentiate between intended acts, acts done contrary to intention and unintended action. Aristotle's analysis of the four states of character in relation to weakness of the will and moral responsibility also help when considering act appraisal and moral responsibility.

In virtue ethics, from its inception in ancient Greece, moral appraisal focuses squarely on the agent, not on the act. This is not to say that acts are not important, but the question of moral culpability and responsibility is much more complex than merely pointing to the act done. There is choice and control to take into consideration.

Conclusion

There is the expectation that the morally good person will be capable of resisting the temptation to waver. Aristotle's view of good character is that it is firm, unchangeable, permanent and hard to change. People can sometimes have misfortunes that make it difficult for a virtue to operate, but they will not act viciously. The virtuous person will act appropriately in any circumstances and, as McDowell suggests, the properly habituated character deals with the temptation to act viciously by silencing it.[26]

The role of virtue in health care ethics does not stop with the specification of right action. An exploration of the concept of virtue and how it operates in individuals can throw important light on our understanding of how people behave, why they behave as they do and to what extent their actions, if not virtuous, deserve the title 'vicious'. Sometimes good people can behave badly and feel regret and sometimes people struggle with temptation, barely managing to resist stepping over the edge. There are also the exemplars, those who never even feel temptation, and those who behave badly without regret. All of these types of people can become health care professionals and

the above insights into moral appraisal are, I believe, relevant within the context of professional conduct.

Hursthouse's challenges to the criticism that the central concept is circular and lacks practical content would not be accepted by many virtue ethicists, particularly those who subscribe to what Statman[12] has identified as the radical replacement approach, rejecting principles and rules of any kind. A combined approach, however, allows for virtue-generated rules and those canons of practice, professionally generated rules and principles that emerge, for example, in MacIntyre's notion of a 'practice'. A combined approach is necessary for a 'workable' virtue ethic in health care; otherwise the lack of practical content inherent in more radical approaches would fail to attract the confidence of practitioners. The term 'virtue ethics' represents a broad group of theoretical approaches. It is, in this respect, similar to existentialism, which is equally difficult to define. Existentialist philosophers can be at one extreme atheistic and at another profoundly Christian, and virtue ethicists can adopt a radical replacement approach or a reductionist, combined approach as suggested here.

The acceptance of virtue ethics as an alternative to traditional moral theory, which has been hitherto blocked by the notion that there is a lack of practical content, opens the door to an opportunity to enrich practice through the many valuable insights offered by this approach. There is the sensitivity that a consideration of context brings to the moral encounter and, in addition to this, the practitioner is perceived as someone at a certain point on a journey. Decisions made in particular circumstances are taken, while having some regard for the judgement and experience of the agent. Tremendous insights into education and moral development are also to be found, particularly in the work of Aristotle. It is to be hoped that those who have stopped short of exploring the potential of a virtue approach because of a belief that it has little to offer the practitioner will begin to consider the very valuable contribution such an approach can make to a moral professional life.

Hursthouse has said, 'Defending virtue theory against all possible, or even likely, criticisms of it would be a lifelong task'.[13] There are many criticisms of a virtue centred approach to ethics but it is hoped that further exploration of these will lead to a more receptive response from nurses, midwives, doctors and those who teach in these disciplines.

References

1   Hursthouse R. *On virtue ethics*. Oxford: Oxford University Press, 1999.
2   Benn P. *Ethics*. London: UCL Press, 1998.
3   Anscombe GEM. Modern moral philosophy. *Philosophy* 1958; **33**: 1–19.
4   Watson G. On the primacy of character. In: Flanagan O, Rorty A eds. *Identity, character and morality*. Cambridge: MIT Press, 1990: 449–69.
5   MacIntyre A. *After virtue: a study in moral theory*, second edition. London: Duckworth, 1985: 121–64.
6   Barnes J. *Aristotle*. (Past masters series.) Oxford: Oxford University Press, 1996.
7   Solomon R. Corporate roles, personal virtues. *Business Ethics Quarterly* 1992; **2**(3): [pagination not available].
8   Kupperman J. Character and ethical theory. *Midwest Studies in Philosophy* 1988; **13**: 115–25.
9   McDowell J. Virtue and reason. *The Monist* 1979; **62**: 331–50.
10 Pellegrino ED. Towards a virtue-based normative ethics for health professions. *Kennedy Inst Ethics J* 1975; **5**: 253–77.
11 Dreier J. Structures of normative theories. *The Monist* 1993; **76**: 22–40.

[12] Statman D. ed. *Virtue ethics: a critical reader.* (Introduction) Edinburgh: Edinburgh University Press, 1997: 1–41.

[13] Hursthouse R. Virtue theory and abortion. *Philosophy and Public Affairs* 1991; **20**: 223–46.

[14] Peterson S. Apparent circularity in Aristotle's account of right action in the Nicomachean Ethics. *Apeiron*, 1992; (Jun): [pagination not available].

[15] Santas G. The structure of Aristotle's ethical theory – is it teleological or a virtue ethics? *TOPOI* 1996; **15**: 59–80.

[16] Kristjansson K. Virtue ethics and emotional conflict. *Am Philos Q* 2000; **37**(3): 193–207.

[17] van Zyl L. *Death and compassion*. Aldershot: Ashgate, 2000.

[18] Alderman H. By virtue of a virtue. *Review of Metaphysics* 1982; [volume and pagination not available]. Cited in: Statman D ed. *Virtue ethics: a critical reader*. Edinburgh: Edinburgh University Press, 1997: 145–64.

[19] Urmson JO. *Aristotle's ethics*. Oxford: Blackwell, 1998.

[20] Williams B. A critique of utilitarianism. In: Smart JJC, Williams B eds. *Utilitarianism: for and against*. Cambridge: Cambridge University Press, 1973 [pagination not available].

[21] Hauerwas S. Toward an ethic of character. *Theological Studies* 1972; **33**: 698–715.

[22] Nagel T. *Mortal questions*. Cambridge: Cambridge University Press, 1979.

[23] Sher G. Ethics character and action. *Social Philosophy and Policy* 1998; **15**(1): 1–17.

[24] Hobart RE. Free will as involving determination and inconceivable without it. In: Berofsky B ed. *Free will and determinism*. New York: Harper and Row, 1966: 84.

[25] Walton DN. *On defining death*. Montreal: McGill-Queens University Press, 1979.

[26] McDowell J. Are moral requirements hypothetical imperatives? *Proceedings of the Aristotelian Society* 1978; suppl. vol. **52**: 13–29.

Further reading

The following offer interesting insights into the virtues versus principles debate.

Aristotle. *The ethics of Aristotle, the Nicomachean ethics*, revised translation. (Thompson JAK trans.) London: Penguin, 1976.

Campbell AV. The virtues (and vices) of the four principles. *J Med Ethics* 2003; **29**: 292–96.

Carney F. The virtue-obligation controversy. *J Religious Ethics* 1973; **1**(1): 5–19.

Pellegrino ED. Professionalism, profession and the virtues of the good physician. *Mt Sinai J Med* 2002; **69**: 378–84.

Scott PA. Aristotle, nursing and health care ethics. *Nurs Ethics* 1995; **2**: 279–85.

Scott PA. Virtue, nursing and the moral domain of practice. In: Tschudin V. ed *Approaches to ethics*. Edinburgh: Butterworth Heinemann, 2003: 25–32.

Sellman D. The virtues in the moral education of nurses: Florence Nightingale revisited. *Nurs Ethics* 1997; **4**: 3–11.

Sellman D. Alasdair MacIntyre and the professional practice of nursing. *Nurs Philos* 2000; **1**(1): 26–33.

Statman D ed. *Virtue ethics: a critical reader*. Edinburgh: Edinburgh University Press, 1997.

(The introduction presents a more critical approach to virtue ethics and introduces some excellent essays, particularly Chapter 13: Virtue theory and abortion). (R Hursthouse). pp. 228–44.

Vardy P, Grosch P. *The puzzle of ethics*. London: Fount, 1999. (Chapters: Two: Plato – Virtue and knowledge pp. 6–17; Three: Aristotle and virtue theory pp. 19–35; Eight: MacIntyre: virtue theory revisited pp. 94–108; Nine: Virtue ethics pp. 109–22. This book presents a sound basic introduction to ancient and modern virtue ethics.)