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CHAPTER 22

Deontology

Bharat Ranganathan

Introduction

In contemporary normative ethics, deontology (*deon* = duty, *logos* = science, study of) is a theory according to which agents deliberate about how they ought to act and evaluate whether their actions are right or wrong. On a rough characterization, deontology prioritizes the right over the good. Therefore, deontological normative theories require, forbid, or permit actions as a matter of principle, conforming to particular moral norms, largely regardless of the outcomes produced by those actions. In prioritizing the right over the good, deontological normative theories incorporate *agent-centered restrictions* and *respect for individual persons*. Because “standard deontological views maintain that it is sometimes wrong to do what will produce the best available outcome overall,” Samuel Scheffler writes, such views incorporate agent-centered restrictions. These restrictions on action:

have the effect of denying that there is any non-agent-relative principle for ranking overall states of affairs from best to worst such that it [is] always permissible to produce the overall best available state of affairs so characterized. (1994, 2–3)

Because of these agent-centered (or agent-relative) restrictions, the individual moral agent may be forbidden from performing some action that would promote the agent-neutral state-of-affairs. In other words, deontological agent-centered restrictions aim to capture the intuition about why the individual moral agent should not perform some action regardless of the good (i.e. agent-neutral state-of-affairs) that may come about from performing it.

Further underwriting the prioritization of the right over the good is respect for individual persons. For example, in his *Theory of Justice* (1999), John Rawls writes:

[e]ach person possesses an inviolability founded on justice that even the welfare of a society as a whole cannot override. For this reason, justice denies that the loss of freedom for some is made right by a greater good shared by others. (1999, 3)

For deontologists, respect for individual persons trades on the fact that each and every person possesses a particular (and equal) moral status. That is to say, people are *inviolable*, with such inviolability obtaining

simply by virtue of their humanity. For many deontologists, an action cannot thus be required if that action puts a group of people's gains – however many people, however large the gain – over and against the losses incurred by a single individual. T. M. Scanlon brings this view into sharper focus with his famous Transmitter Room example:

Jones has suffered an accident in the transmitter room of a television station. Electrical equipment has fallen on his arm, and we cannot rescue him without turning off the transmitter for fifteen minutes. A World Cup match is in progress, watched by many people, and it will not be over for an hour. Jones's injury will not get any worse if we wait, but his hand has been mashed and he is receiving extremely painful electrical shocks. Should we rescue him now or wait until the match is over? Does the right thing to do depend on how many people are watching? (1998, 235, cf. Rawls 1996, 365)

Commenting on Transmitter Room, Scanlon writes: “if one can save a person from serious pain and injury at the cost of inconveniencing others or interfering with their amusement, then one must do so no matter how numerous these others may be” (Scanlon 1998, 235). On this example, the individual moral agent has an agent-centered restriction not to maximize a state-of-affairs (i.e. allowing some large number of people to continue watching the World Cup) and an agent-centered requirement to show respect for an individual person (i.e. to rescue Jones).

The roots of contemporary deontology can be traced to (among others) Immanuel Kant. In his *Groundwork of the Metaphysics of Morals*, for example, Kant's second formulation of the Categorical Imperative (i.e. unconditional commands) contains the Formula of Humanity: “[s]o act that you use your humanity, whether in your own person or in the person of any other, always at the same time as an end, never merely as a means” (1999, 80, cf. Nozick 1974, 30ff.). For Kant, people's humanity makes them inviolable or, in Kantian terms, ends-in-themselves. Recognizing and respecting the humanity of another is normative (i.e. requires, forbids, or permits) upon certain actions. Other classical thinkers, for example, Thomas Hobbes (1996), John Locke (1988), and Jean-Jacques Rousseau (1997), developed deontological commitments in terms of contractualism, with contractualism concerning (1) the relationship among authority, individuals, and social groups, and (2) the public justification of deontological norms for political and social policy.

In contemporary normative ethics, deontology's foil is *consequentialism*. One particular species of consequentialism – utilitarianism, which is concerned with the maximization of “utility,” “well-being,” and so on – has long been the dominant normative theory in moral and political philosophy (for some classic treatments, see Bentham 1907; Mill 2002; and Sidgwick 1981; for some contemporary treatments, see Smart 1973; Kagan 1991; and Singer 1993). On a rough characterization, consequentialism prescribes and evaluates the rightness or wrongness, goodness or badness of action solely according to the consequences brought about by that action. In contrast to deontology, then, consequentialism prioritizes the good over the right, where the *good* refers to the maximization of consequences. Owing to the arguments developed Rawls and others, for example, F. M. Kamm (1993, 2007), Thomas Nagel (1991), Robert Nozick (1974), T. M. Scanlon (1998), Samuel Scheffler (1994), and Judith Jarvis Thomson (1990), deontology has emerged in recent decades as a plausible alternative to consequentialism. Despite these developments, however, Bernard Williams's hope – “[t]he day cannot be too far off in which we hear no more of it” (1973, 150) – has not yet been fulfilled.

Before proceeding, some further distinctions are necessary. Given that both are concerned with the prescription of action, deontology and consequentialism are *deontic* (i.e. what we are obligated to do) theories. Moreover, both are *evaluative* (i.e. what is right or good to do). In contrast to these two theories, virtue ethics is an *aretaic* (i.e. excellence of kind) theory: it is concerned with what sort of person one is or ought to be. Furthermore, in contrast to deontology, both consequentialism and virtue ethics are *teleological* theories, that is, they are concerned with outcomes, whether of an action or of a person's life. But the distinction between teleological and non-teleological theories may only work within the ambit of non-religious ethics. Given that all religions tend to be concerned with the final ends of humanity and, indeed, all life, it is difficult to say that there exists a religious ethics that is not teleological in character. In Christian theological ethics, for example, God is conceived as both the good (*Summum Bonum*) and the source of the right, collapsing any easy distinction between the right and the good. Thus, in religious ethics, the formulations “the right *over* the good” or “the good *over* the right” might be better understood as “the right *in* the good” or “the good *in* the right.”

This entry identifies some characteristics of deontological moral reasoning. To help appreciate these characteristics, the entry first works through some thought experiments. In working through these examples, the aim is to map roughly the distinctions between deontological and consequentialist reasoning. Second, turning to medical ethics, this entry examines how deontological commitments may be understood in contractualist terms, focusing on the example of doctor-patient interaction. However, there are two further qualifying notes. First, given the sheer number and diversity of religious cosmologies, as well as the potential commensurabilities between these cosmologies, the entry will be limited to sources drawn from Christian ethics and moral and political philosophy. Second, some readers may be hesitant about (if not resistant toward) the use of moral and political philosophical concepts to think about religious ethics. The entry will refrain from commenting on whether such hesitance is warranted.

Distinctions between Deontology and Consequentialism

To begin distinguishing between deontology and consequentialism, consider the following case:

Torture. Frank is holding five innocent people, who he intends to kill if his demands aren't met, hostage. Fortunately, counterterrorism agent John has captured him before he has the chance to do so. If John tortures Frank, he will be able to discern the location of the hostages. Moreover, if John tortures *and* then kills Frank, he will not only be able to discern the location of the hostages but also prevent Frank from ever again taking hostages. The counterterrorism agency's analysts have been unable to discern where Frank has kept the hostages. Therefore, the director of the counterterrorism agency has licensed John to use his best judgment. What ought John to do? (Ranganathan 2014, 13)

What features from torture are worth noting? There is an initial *state-of-affairs* (Frank holding hostages), an *agent* (John) who *aims* through some *means* (torture, kill) to bring about some *end* (saving five people). Conflicts between deontologists and consequentialists emerge when reflecting on whether (and, if so, how) John might bring about this desired end.

If John employs consequentialist reasoning, on the one hand, he will have one of two options. On the first option, if he *merely* tortures Frank, he will be able to discern the location of and rescue the hostages. The promotional function of this action, then, would result in saving five lives. On the second option, if he tortures *and* then kills Frank, he will not only be able to discern the location of and rescue the hostages but also prevent Frank from ever again taking hostages. The promotional function of this action would result not only in saving five lives but also ensuring that Frank will never again be able to commit some wrong action that detracts from the overall state-of-affairs. On either option, John overrides Frank's particular (and equal) status.

If John employs deontological reasoning, on the other hand, he will not have recourse to either of the options available to the consequentialist. This is because deontological theories take seriously the separateness of persons (Rawls 1999, 26). For deontologists, the separateness of persons is predicated on the idea that individual people have a particular (and equal) status. This status places normative constraints on the actions one may take in the pursuit of one's goals. On normative constraints, consider Robert Nozick's definition:

[i]n contrast to incorporating rights into the end state to be achieved, one might place them as side constraints upon the actions to be done: don't violate constraints *C*. The rights of others determine the constraints upon your actions. . . The side-constraint view forbids you to violate these moral constraints in the pursuit of your goals. (1974, 29)

In torture, both deontologists and consequentialists can agree that John's aim of saving five people is laudable. But from a deontological point-of-view, given that Frank possesses a particular (and equal) status, John is normatively restricted from taking either option available to the consequentialist in order to save the hostages. The rightness of certain actions (e.g. respecting Frank's status) is antecedent to and therefore restricts the ways (e.g. torture, kill) in which one may pursue some end (e.g. saving five people). Given this restriction, John has a *prerogative*, that is, a morally permissible option, not to maximize the state-of-affairs.

Keeping in mind Torture, another distinction between consequentialism and deontology is that the former is agent-*neutral* whereas the latter is agent-*relative*. Scheffler (1994) distinguishes agent-neutrality from agent-relativity as follows. For consequentialists, there are agent-neutral reasons to bring about some state-of-affairs: since a state-of-affairs in which five people are saved is *better than* a state-of-affairs in which they are not, John has reasons to aim for that state-of-affairs, using whatever means are necessary to bring it about. But deontological theories have constraints on the means by which some end may be brought about, constraints that are relative to the agent who must undertake an action. "Side constraints," Nozick writes, "express the inviolability of other persons" (1974, 32). In a particularly famous passage, he comments further on respect for the inviolability – or separateness – of persons:

[i]ndividually, we each sometimes choose to undergo some pain or sacrifice for a greater benefit or to avoid a greater harm: we go to the dentist to avoid worse suffering later; we do some unpleasant work for its results; some persons diet to improve their health or looks; some save money to support themselves when they are older. In each case, some cost is borne for the sake of the greater overall good. Why not, *similarly*, hold that some persons have to bear some costs that benefit other persons more, for the sake of the overall social good? But there is no *social entity* with a good that undergoes some sacrifice for its own good. There are only individual people, different

individual people, with their own individual lives. Using one of these people for the benefit of others, uses him and benefits the others. Nothing more. What happens is that something is done to him for the sake of the others. Talk of an overall social good covers this up. (Intentionally?) To use a person in this way does not sufficiently respect and take account of the fact that he is a separate person, that his is the only life he has. (1974, 32–33)

These constraints prohibit John from *treating* Frank in a certain way (torture, kill) in order to bring about the state-of-affairs in which five people are saved. John has agent-relative reasons not to torture and/or kill Frank. So, while both consequentialists and deontologists may agree that a state-of-affairs in which five live is better than one in which five do not, they disagree over the means that agents may employ in order to reach such a state.

Reflecting a common pre-philosophical commitment, the distinction between *doing* and *allowing*, *commission* and *omission*, also separates consequentialists and deontologists. Roughly speaking, one has duties and obligations to another depending on whether one *does* something or merely *allows* something to happen to another. For example, Andrew and Bartholomew are interacting with one another. Since they are interacting, they have particular duties and obligations toward one another, for example, Andrew owes it to Bartholomew to treat Bartholomew according to some acceptable terms. If Andrew and Bartholomew are trading baseball cards and Andrew damages one of Bartholomew's cards, then, by virtue of their interaction, Andrew has particular obligations to Bartholomew, for example, to replace Bartholomew's baseball card. If some third party, Christopher, damages one of Bartholomew's baseball cards while Andrew is present, Andrew might not have these obligations because he merely allowed something to happen. He may have a prerogative to do so – namely, to respect Bartholomew's humanity – but failing to do so does not mean he acted wrongly.

While many deontologists accept the distinction between doing and allowing, consequentialists reject it. For example, in his classic article, “Active and Passive Euthanasia” (1975), James Rachels introduces two cases – call these Bathtub – with the aim of collapsing the distinction between doing and allowing. In the first case:

Smith stands to gain a large inheritance if anything should happen to his six-year-old cousin. One evening while the child is taking his bath, Smith sneaks into the bathroom and drowns the child, and then arranges things so that it will look like an accident. (1975, 79L)

And in the second:

Jones also stands to gain if anything should happen to his six-year-old cousin. Like Smith, Jones sneaks in planning to drown the child in his bath. However, just as he enters the bathroom Jones sees the child slip and hit his head, and fall face down in the water. Jones is delighted; he stands by, ready to push the child's head back under if it is necessary, but it is not necessary. With only a little thrashing about, the child drowns all by himself, ‘accidentally,’ as Jones watches and does nothing. (1975, 79R)

Smith acted by commission: he actively drowned his cousin. Jones acted by omission: he allowed his cousin to drown. For both Smith and Jones, their desired end – a large inheritance – and the circumstances according to which that end might be reached – the death of each person's cousin – are the same.

Commenting on this pair of cases, Rachels claims: “[i]f the difference between killing and letting die were in itself a morally important matter, one should say that Jones’s behavior was less reprehensible than Smith’s. But does one really want to say that? I think not.” And if Jones defends himself by claiming that he merely let his cousin die, Rachels says, “[s]uch a ‘defense’ can only be regarded as a grotesque perversion of moral reasoning. Morally speaking, it is no defense at all” (79R). For Rachels, there is no morally relevant distinction between doing and allowing. From the point-of-view of consequences, both Smith and Jones acted wrongly.

For deontologists, the distinction between doing and allowing is morally significant. So, how might a deontologist respond to Rachels’ charges regarding a case like Bathtub? The deontologist can agree with the consequentialist that both Smith and Jones acted wrongly. But evaluating the wrongness of their actions is not done by an appeal to the consequences brought about by his (in)action. Instead, the deontologist can point out that neither treated his respective cousin as bearers of a particular (and equal) status. That is to say, each treated his respective cousin, through his (in)action, merely as a means toward some desired end rather than as an end-in-himself. Compared to John in Torture and Smith in Bathtub, each of which highlighted restrictions about whether one may pursue some desired end, Jones gives rise to obligations about how one ought to act. So, deontologists acknowledge that respect for others may, depending on the case, restrict or oblige. And the justification and motivation for restrictions and obligations derives not from an appeal to consequences but rather from a respect for persons.

For deontologists, then, treating others as bearers of a particular (and equal) status can also give rise to positive obligations. On such obligations, consider the following case

Dinner. Phil has at long last secured a dinner reservation at Exclusive Restaurant. On his walk to dinner, he witnesses a woman being involved in a hit-and-run. The woman is badly injured. No one else is around who can help. Phil could call an ambulance, apply pressure to her wounds, and wait with her until help arrives. If he were to do so, however, he would miss his reservation. What should Phil do? (Ranganathan 2014, 15–16)

Commonsensically, Phil ought to stay with the woman and provide whatever care he can until the ambulance arrives. This obligation obtains despite the fact that he will miss his reservation; it also obtains despite the fact that Phil himself did not hit the woman. That is, he did not directly *override* the woman’s particular (and equal) status. Respecting her status, however, requires some positive obligations. Thus, to respect the woman, Phil ought to stay with her and provide whatever help he can (cf. Scanlon 1998, 103–107, 152ff.).

Contractualism in the Context of Medicine

Rawls and Scanlon further explicate deontological commitments in contractualist terms. Contractualism is concerned with determining and establishing the authority, content, and legitimacy of moral norms, norms that prescribe and evaluate the conduct of individuals and/or political and social institutions. In the domain of politics, for example, the authority and legitimacy of political institutions hinges on those

institutions being designed and consented to by the people whom those institutions govern (cf. Rawls 1996). And in the domain of morality, the authority and legitimacy of actions and principles turns on mutual agreement among those affected by those norms. For example, Scanlon writes:

[w]hen we think of those to whom justification is owed, we naturally think first of the specific individuals who are affected by specific actions. . . . [W]e must [also] take into account not only the consequences of particular actions, but also the consequences of general performance or non-performance of such actions and of the other implications (for both agents and others) of having agents be licensed and directed to think in a way that that principle requires. (1998, 203)

Without such considerations, actions or principles are neither authoritative nor legitimate. Like its non-contractualist varieties, contractualist deontology aims to respect individual persons. Following Scanlon's description, respect for individual persons requires justification to those affected by particular actions. Moreover, discerning the content and authority of moral principles in general likewise requires agreement among those aiming to discern the content and authority of those principles.

To think about the relationship between contractualism and religious ethics, briefly consider a case from medical ethics: doctor-patient interaction. When doctors and patients interact with one another, the doctor diagnoses the patient's ailment and presents the possible course(s) of treatment to the patient. The patient first needs to consider whether to pursue treatment or, if presented with several courses of treatment, which course of treatment among them to pursue, and second, provide informed consent to the doctor. Providing such consent demonstrates that medical practice is a "mutual process between physician and patient of informing and discussion (whenever the patient is capable of discussion), thereby leading to a mutually acceptable treatment." Informed consent is important because it "provide[s] the opportunity for the patient to become more actively involved in the ongoing decision-making process than has often been the case in medicine" (Brock 1993, 22).

Underwriting the relationship between the doctor and patient, Paul Ramsey observes, is a more basic relationship, that is, a relationship between members of the covenanted community. "In order to create and maintain a community of persons," Ramsey writes, "much more (and more intentionally) than in economic exchange is necessary that each seek not his own good, but the good of his neighbor" (1993, 235). Moreover, "[o]nly an element of concern for the other person for his sake creates a community among men" (1993, 238). Concern for the other person for that person's own sake follows from recognizing that the other person has a particular (and equal) status. Moreover, in the context of doctor-patient interaction, concern for the other person both requires and prohibits certain actions, the content of which is discerned through informed consent.

How does informed consent reflect concern for the person? Informed consent prohibits the doctor from overstepping his or her bounds while treating the patient, reflecting the deontological commitment to observing normative constraints. Moreover, privileging the person delimits what may and may not be done, prioritizing the right over the good. Between the doctor and patient, there must be "a determination of the rightness and wrongness of the action and not only the good to be obtained in medical care or from medical investigation" (Ramsey 2002, 2). To determine what is right or wrong, the doctor is required to get consent from the patient, with consent reflecting the "canon of loyalty" between them. Instead, the patient is "a *personal* subject," with the antecedent person-to-person relationship between the doctor and

patient informing and delimiting what may be done. For Ramsey, “[c]onsent expresses or establishes this relationship, and the requirement of consent sustains it” (2002, 5).

Depending on the length of treatment, consent must be “continuing and repeatable” (Ramsey 2002, 6). What is more, the patient must also be able to “reasonably free and adequately informed consent.” Thus, informed consent in medical ethics takes seriously the claims that people make on one another. Moreover, given their commitment to act together, the doctor and patient recognize and are motivated by one another’s status. That they even engage in the give-and-take of reasons in the first place indicates that the doctor and patient recognize one another’s particular (and equal) status, reflecting the deontological commitment to respect for persons. Recognizing one another’s status also highlights that there are constraints on what may be pursued in the context of their interaction with one another, tracking the idea about the agent-relative normative constraints. And the give-and-take of reasons helps determine the content and limits of what they together do, highlighting in particular the contractualist contributions to deontological reasoning.

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