Universal Health Care through a Philosophical Lens: Aristotle vs. Kant

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Abstract: A universal health care system, though desirable, is not easily applicable when utilizing the philosophical precept of modern health care. The philosophies of Aristotle and Kant can be utilized to more effectively understand the feasibility of a universal system, and the reasoning behind the extent to which health care methodologies are effective in modern society. The ethical standards that health care necessitates do not easily correlate with the financial and demographic ones, making the differing philosophies of Aristotle and Kant virtually impossible to declare as optimal in terms of defining health and health care.

Advancing medical technologies and methodologies increase the efficacy and efficiency of healthcare. The moral obligation to provide this form of adequate healthcare as a basic human right becomes blurred when demographic and economic variables are considered. Observing the universal need to provide healthcare solely through the scope of ethics and varying philosophies sheds light on the moral duty of such a system, regardless of economic or technological barriers. Evidence suggests that it is a state's moral obligation to provide its citizens with equitable healthcare. Though various factors hinder the application of a uniform healthcare system, the philosophies of Kant and Aristotle provide insight into how bioethical healthcare can be universally achieved.

Although the emergence of advancing technologies grants health professionals the infrastructure to enhance treatment, the platform under which patients have access to that treatment is unsteady, ambiguous, and often unethical. According to David Misselbrook, the author of *Thinking About Patients*, the ambiguity of an adequate platform for healthcare stems from an ambiguous definition of it. Unlike many healthcare professionals, philosophers and their

philosophies are able to provide a more coherent definition for what healthcare should achieve, which in turn creates a more stable base for its development.

Deontological ethics, as defined by Immanuel Kant, is an ethical theory that places emphasis on the relationship between duty and the morality of human actions. In deontological ethics, an action is considered morally right because of certain characteristics of the action itself, not necessarily because the overall product of the action is good (Sellman). Kant viewed morality as a categorical imperative, a respect for a moral code that is driven solely by respect for the law as opposed to natural inclination. More directly, the supreme categorical imperative is "act only on the maxim through which you can at the same time will that it should become universal law." Kant takes a purely duty-based approach to moral reason and decision-making, and applying this methodology to healthcare yields an environment where moral judgement overshadows moral character. Though lack of moral character may be a side effect of Kantian ethics, "the Kantian construct of the human person as a rational being, able to construct maxims of rational moral action, helps us to conceptualize what is involved in this principle" (Robertson). The essence of the humanity of healthcare recipients is their capacity to legislate moral action, and Kant's deontology necessitates abidance of the healthcare system by the recipients' moral reason, regardless of how deviant it may be from one's own standards. Kant's ideals provide the pretext for duty-bound codes of ethics for healthcare professionals, but they suffer from problems of flawed claims to the universalizability prescribed by Kant's 'categorical imperative' (Robertson). Kant's valorization of reason as the core of the autonomy of persons is a valuable insight in understanding healthcare professionals' ethical obligations to their patients;

however, ethics guided by duty is lacking in that it discriminates natural inclination, or emotion, which is a facet of healthcare that has been consistently left behind.

Aristotle's ethics utilizes common sense and is built on self-realization and naturalism. Aristotelian ethical theory is considered, among the classical theories, to be far from an ethics of self-interest. Aristotle's theory mentions eudaemonia, or good life, in the sense that happiness is derived from human flourishing (Majumdar). Aristotle saw the highest human good as more than pleasure, fame, or materialism, but rather as a life lived by reason and excellence of character. Due to his particular emphasis on the character of a moral agent, and the vitality of emotion and awareness in moral decision-making, Aristotelian virtue theory provides a necessary supplement to current duty-based approaches to universal healthcare ethics (Scott). Through the eyes of Aristotle's phronesis (practical wisdom), healthcare should maximize human flourishing. Currently, algorithms, data analysis, and high-end technologies are methods used to determine the treatment of an individual; this drastically deviates from the Aristotelian methodology of health care which prioritises thoughtful decision-making over technological ruling (Misselbrook). Though modern-day scientific technologies are exceedingly beneficial in several realms of treatment, Aristotelian ethics argues that such modes of treatment analysis blur the personability that healthcare necessitates. Phronesis places human judgement, as opposed to rules, to carry out all complex decisions regarding the health of an individual. In this context, the optimal judgement is not based on the most complex algorithm or rule, but on the premier moral, reflective decision which can only be produced by an ethical individual. According to Misselbrook, "health care should aim for the state of least possible illness or disability, or of maximal functional adaptation to illness or disability." Such a definition of healthcare is written

within the context of Aristotelian virtue ethics, which provides a realistic definition for healthcare that can be universally achieved regardless of socioeconomic parameters. This pro-human definition does not disregard the essential role of fact in biomedicine, but averts attention to the sole purpose of medical intervention: to heal. To universally achieve Aristotle's form of healthcare is to achieve an ethically optimal healthcare system that involves *becoming* ethical, rather than solely *acting* ethically within given situations.

Kantian ethics answers the question: "what should I do?" whereas Aristotelian ethics provides an answer for: "who should I become?" Though both allude to the betterment of the healthcare system overall, Kant's ethical theory focuses on truly developing the mind and character to act in accordance with ethical principles. Unlike Aristotelian ethics, it does not account for moral impulses or provide a guide for wrongdoing as it abides by law rather than developmental teaching. As a result of this duty-bound ethics, however, healthcare recipients hold the right to receive treatment or care in accordance with their own moral reasoning. Counterintuitively, this conformity may not necessarily be in the best-interest of the recipient, and because Kant's 'categorical imperative' lacks a substantial foundation for natural inclination, moral action, or emotionally-guided decision-making, it holds potential to be entirely compensated. Acting from duty alone does not directly involve compassion for others. According to Michael Robertson, universal healthcare, in an ideal world, seeks to dedicate itself to maximizing human health and terminating human suffering, but "the perverse 'Kantian' nature of ethics highlights that acting purely from duty facilitates evil behavior" (Majumdar). In this context, healthcare seeks to define itself as the donor of human flourishing; a definition that is provided most accurately by Aristotelian ethics.

Derek Sellman, the director of Philosophy Nursing Research at the University of Alberta, provides a coherent platform for the reality of an Aristotelian system. Sellman coins an ideal health care professional as a *professional phronimos;* specifically defined as someone who is "disposed to care deeply about all things to do with providing safe and effective care in ways that enable the flourishing of patients" (Sellman). In accordance with Aristotle's belief in self-realization, Sellman highlights that one important feature of the *professional phronimos* is the inherent need to be open to a number of possibilities, including the possibility that one is wrong. In order for this sophisticated form of morality to be achieved, however, one must be taught open-mindedness. Here, the reality of implementing Aristotelian ethics within a universal healthcare system becomes daunting, and somewhat unrealistic. The direct application of Aristotelian ethics to suit a universal healthcare system requires correct moral development through guided teaching, on a global scale. When demographic and socioeconomic variables are re-added to the equation, the concepts of human flourishing, open-mindedness, and self-realization may once again become blurred.

Ultimately, both Aristotelian and Kantian ethical theories necessitate government compliance with a universal and ethical form of healthcare. Though both forms of ethics require the development and use of moral standards to serve as a guide within the realm of healthcare, the limitations created by cultural, demographic, and socio-economic barriers make the reality of implementing either ethical code highly implausible. When these limiting variables are extracted, Aristotelian ethics serves as the optimal moral code because it necessitates the creation of moral healthcare professionals, and not simply a moral healthcare institution.

Works Cited

"Aristotle, Nursing and Health Care Ethics." *Journal of Research in Crime and Delinquency*, journals.sagepub.com/doi/abs/10.1177/096973309500200402.

Britannica, The Editors of Encyclopaedia. "Deontological Ethics." *Encyclopædia Britannica*, Encyclopædia Britannica, Inc., 6 Sept. 2018, www.britannica.com/topic/deontological-ethics.

Fayemi, Ademola K. "African Bioethics vs. Healthcare Ethics in Africa: A Critique of Godfrey Tangwa." *EBSCOhost*, Developing World Bioethics, Aug. 2016, web.a.ebscohost.com/ehost/detail/detail?vid=6&sid=d6eef004-42db-4608-a317-bb59757a47be%40sessionmgr4008&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#AN=116619948&db=aph.

Flatau, Laura. "Genomic Information and a Person's Right Not to Know: A Closer Look at Variations in Hypothetical Informational Preferences in a German Sample." *PLoS ONE*, EBSCOhost, web.a.ebscohost.com/ehost/detail/detail?vid=3&sid=5d6b2bce-0f92-48af-92fd-4c669e7231fc%40sessionmgr4010&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#AN=130265072&db=aph. Accessed 1 Nov. 2018.

Garchar, Kimberly. "The Case of Richard Cabot." *Transactions of the Charles S. Pierce Society*, EBSCOhost, web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=4&sid=f2b33707-0234-4bbe-9cb6-ecf66dd718c9%40sessionmgr4007. Accessed 1 Nov. 2018.

Khair, Michael. "The Physicians' Proposal: Medically Necessary?" *Hastings Center Report*, vol.

33, no. 5, Sept. 2003, pp. 8–9. *EBSCOhost*,
search.ebscohost.com/login.aspx?direct=true&db=aph&AN=11596674&site=ehost-live&scope=site.

Majumdar, S K. "Aristotle's Ethical Theory & Modern Health Care." *Current Neurology and Neuroscience Reports.*, U.S. National Library of Medicine, www.ncbi.nlm.nih.gov/pubmed/11619400.

McNamee, Mike. "Moral Theory and Theorizing in Health Care Ethics." *Ethical Theory and Moral Practice,* EBSCOhost, web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=4&sid=d6eef004-42db-4608-a317-bb59757a47be%40sessionmgr4008. Accessed 1 Nov. 2018.

Misselbrook, David. "Aristotle, Hume, and the Goals of Medicine." *Journal of Evaluation in Clinical Practice*, EBSCOhost, 2016, http://web.a.ebscohost.com/ehost/detail/detail?vid=16&sid=5804d046-c9da-46a2-a959-659b973f5abc%40sdc-v-sessmgr03&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#AN=116870801&db=aph. Accessed 24 Oct. 2018.

Robertson, M, et al. "Overview of Psychiatric Ethics V: Utilitarianism and the Ethics of Duty." *Current Neurology and Neuroscience Reports.*, U.S. National Library of Medicine, Oct. 2007, www.ncbi.nlm.nih.gov/pubmed/17828638.

Sanjay Zodpey and Habib Hasan Farooqui. "Universal Health Coverage in India: Progress achieved & the way forward". Indian Journal of Medical Research, p.327-329. http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=18&sid=24bf144a-4452-476c-9019-1993b0384206%40pdc-v-sessmgr02

Topics: Informal Fallacies, philosophy.lander.edu/ethics/aristotle1.html.