"Is it really about arguing?"
Why Clinical Ethics Support needs Metaethics

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Ethical Question

"Is it really about arguing?" – many a clinical ethicist may have faced questions of such kind in consultation practice. Clinical Ethics Support (CES) aims inter alia at helping practitioners make ethically sound decisions. For this purpose, CES usually proposes ethical concepts in the form of values, principles, competences, and procedures. However, in challenging clinical situations it may not be apparent whether these ethical concepts actually support proper handling of the ethical issues at hand. Doubts may arise, and often rightfully so, regarding the legitimacy of one's own ethical reasoning. At least three issues of ethical doubt can be identified:

   1) The theoretical requirements of ethics,
   2) the practical demands of clinical-ethical practice,
   3) the conditions of successful clinical-ethical education.

How can CES meet these demands and hence settle the ethical doubts? Traditionally, metaethics is assigned with the task to clarify the foundations of ethical concepts. However, metaethical reasoning has so far enjoyed little visibility in Clinical Ethics. It has yet to be shown that metaethics can provide a conceptual framework within which these normative requirements of CES can be systematically explained.

"The Sleep of Reason Produces Monsters"
Francisco Goya, c. 1799

Approach and Arguments

By "metaethics" we understand a discipline that asks for the epistemological (**e**), ontological (**o**) and anthropological (**a**) preconditions of ethics. Literature review shows that metaethical analysis of CES is rarely explicitly done leaving the systematic reflection of **1-3** above open. However, studies about ethical quality, practicability or implementation of CES do indicate a need for a more systematic approach.

In order to systematise these demands three essential normative concepts of CES have to be analysed from a metaethical (**e, o, a**) point of view: ethical reasoning (**R**), clinical-ethical practice (**P**) and clinical-ethical education (**E**). The resulting categories can then be placed in a framework that allows different metaethical profiles to be discerned. CES's metaethical commitments can thus be made explicit.

A metaethical framework for the first area (**R**) is suggested, which contains nine categories: (**e**) truth, justification, validity; (**o**) facticity, naturalness, reducibility; (**a**) agency, personhood, sociability. The conceptual dependencies between these categories allow to articulate standards of metaethical consistency which can be tested (Flowchart 1).

Conclusions

CES has to deal with different normative demands **1-3**. Metaethics provides conceptual resources to systematically explain the normative dimensions (**R**), (**P**), and (**E**) of CES. In case of (**R**) the ethical concepts included in CES will become more explicit, comprehensible and open to criticism. Metaethical transparency and consistency may further legitimate confidence in CES.
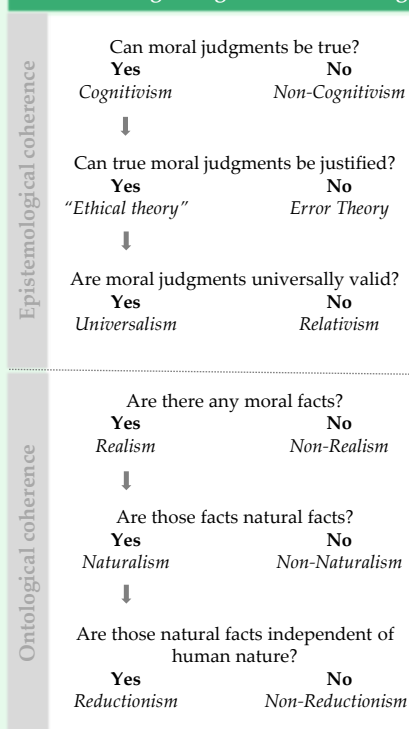
Outlook

If the arguments presented here prove to be sound, further examinations to provide metaethical analysis of (**P**) and (**E**) will follow. This may strengthen practicability of CES and facilitate its educational aspects.

Flowchart 1: Metaethical Coherence regarding Ethical Reasoning

Epistemological coherence

Can moral judgments be true?
Yes — *Cognitivism*   **No** — *Non-Cognitivism*

↓

Can true moral judgments be justified?
Yes — *"Ethical theory"*   **No** — *Error Theory*

↓

Are moral judgments universally valid?
Yes — *Universalism*   **No** — *Relativism*

Ontological coherence

Are there any moral facts?
Yes — *Realism*   **No** — *Non-Realism*

↓

Are those facts natural facts?
Yes — *Naturalism*   **No** — *Non-Naturalism*

↓

Are those natural facts independent of human nature?
Yes — *Reductionism*   **No** — *Non-Reductionism*

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